

North Carolina
Department of
Health and Human Services
Division of Medical Assistance

North Carolina
Be Smart Family Planning Waiver
Waiver Year One
Interim Annual Report

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**North Carolina Family Planning Waiver
Waiver Year One Interim Annual Report**

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EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (DHHS) engaged Navigant Consulting, Inc. to provide an independent evaluation of the State's Family Planning Waiver, and determine the extent to which the Waiver objectives have been met—namely, whether there is improved access to Medicaid family planning services for low-income men and women, and if desired outcomes have been reached, including reduction of unwanted pregnancies, effective use of contraceptives and maternal and infant health.

This report presents the results of the evaluation of the performance of North Carolina's "Be Smart" Family Planning Waiver Program for the first year of the program, October 1, 2005 – September 30, 2006. This program operates under a Section 1115 Demonstration Waiver. Under the terms of those Waivers, a state must show that its demonstration will be "budget neutral" to the Federal government over the life of the program. That is, the state must show that, over the five-year period of the Waiver, Federal Medicaid spending under the Waiver will not exceed what the Federal government would have spent in the absence of the Waiver.

The Waiver Evaluation Plan was approved by CMS in November 2004 at the same time the Waiver was approved. North Carolina's Waiver Evaluation Plan is designed to measure short-term, intermediate and long-term outcomes and impacts of the Waiver using hypotheses to test seven Waiver objectives. The Waiver Evaluation Plan included additional hypotheses related to process goals for the Waiver that will measure the effectiveness of the delivery system of the Waiver. Navigant Consulting conducted analyses of data from the first Waiver year to measure such statistics as enrollment, participation, number of averted births and cost savings due to births averted because of the existence of the Waiver.

Through our evaluation of the first year of North Carolina's Be Smart Family Planning Waiver, we observed the following:

- The State enrolled 26,039 females and 5,560 males in Waiver Year One. This represents a 5.2 percent enrollment rate for women from an estimated 499,861 potential female enrollees across the State and a 1.3 percent enrollment rate for men from an estimated 417,015 potential male enrollees. Appendix A provides maps of Waiver enrollment for males and females.
- Among the Waiver's enrollees, the Waiver provided services to 9,819 females and 99 male participants during the first Waiver year. The participation rates

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were 37.7 percent among women and 1.8 percent among men. Appendix A provides maps of participation among male and female Waiver enrollees.

- Among these participants, the Be Smart Family Planning Waiver was budget neutral with respect to federal expenditures. The reduced costs associated with 876 births averted for the first year offset the costs of the Waiver by an estimated \$9.5 million.
- The Family Planning Waiver expenditures were \$1.9 million for the first Waiver year, October 1, 2005 to September 30, 2006. The average costs per participant for the first Waiver year were approximately \$192.

In Table 1 below, we summarize the results for Waiver Year One for the 14 measure objectives outlined in the Waiver Evaluation Plan. We report results for only seven of the measures for two reasons: for five measures, a trend analysis is required and we cannot complete a trend analysis with only one year of data; and for two measures, we need data that are not yet available. For all measures, we report whatever information is available, e.g., for trend analyses measures we report the first year data that will be used in subsequent years' analyses.

Table 1: Summary of Waiver Measure Results

| Hypothesis Number | Measure Objective | Waiver Year One |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Short-term Outcomes | | |
| C.1.1 | Increase the number of eligible men and women enrolled. | Women: 5.2% |
| | | Men: 1.3% |
| C.1.2 | Increase the number of women receiving services. | 37.7% |
| C.1.3 | Increase the number of men receiving services. | 1.8% |
| C.1.4 | Increase the number of women returning for services. | Not Reported ¹ |
| C.1.5 | Increase rate of continuous use of contraception among Waiver participants with any contraceptive use. | Not Reported |
| C.1.6 | Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use. | Not Reported |

¹ "Not Reported" indicates measures we will not report for Waiver Year One due to issues with data availability related either to requiring another year of Waiver activity or external data source limitations.

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Table 1: Summary of Waiver Measure Results

| Hypothesis Number | Measure Objective | Waiver Year One |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Intermediate-term Outcomes | | |
| C.2.1 | Reduce the number of inadequately spaced pregnancies to enrolled women. | Not Reported |
| C.2.2 | Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid. | Not Reported |
| Long-term Outcomes | | |
| C.3.1 | Decrease the number of Medicaid paid deliveries and annual expenditures for pregnancy, newborn and infant care among Waiver participants. | Age-Adjusted Births Averted Rate (per 1,000): 89.2 |
| | | Births Averted: 876 |
| C.3.2 | Estimate overall cost savings in Medicaid spending; and assessment of budget neutrality. | Budget Neutral: Yes |
| | | Overall Averted Medicaid Costs: \$11,402,016 |
| | | Estimated Medicaid Cost Savings: \$9,505,557 |
| Process Indicators | | |
| D.1 | Increase awareness of availability of Waiver services. | Not Reported |
| D.2 | Increase the number of Waiver participants referred to a source of primary care. | 58% |
| D.3 | Assess or evaluate reasons for non-participation in the Waiver. | Not Reported |
| D.4 | Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver). | Number of men and women: 126,102 |

The report which follows describes Navigant Consulting's experience as the Waiver evaluator; background on the Be Smart Family Planning Waiver Program; the Waiver Evaluation Plan and related objectives, hypotheses and measures; and the results of our evaluation of the first Waiver year.

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SECTION 1: INTRODUCTION

This report presents the results of the evaluation of the performance of North Carolina's Be Smart Family Planning Waiver Program for the first year of the program – October 1, 2005 – September 30, 2006. This program operates under a Section 1115 demonstration Waiver. Under the terms of those Waivers, a state must show that its demonstration will be “budget neutral” to the Federal government over the life of the program. That is, the state must show that, over the five-year period of the Waiver, Federal Medicaid spending under the Waiver will not exceed what the Federal government would have spent in the absence of the Waiver.

The North Carolina Department of Health and Human Services (DHHS), Division of Medical Assistance (“DMA”), awarded the contract to conduct an independent evaluation of the Be Smart Family Planning Waiver to Navigant Consulting, Inc. in March 2007, six months after the conclusion of the first Waiver year.

Waiver Evaluator

Navigant Consulting, Inc. (NYSE: NCI) is a specialized independent consulting firm providing litigation, financial, healthcare, energy and operational consulting services to government agencies, legal counsel and large companies facing the challenges of uncertainty, risk, distress and significant change. The Company focuses on industries undergoing substantial regulatory or structural change and on the issues driving these transformations. The firm has been in existence since 1996 with 35 offices in the United States and seven overseas. Navigant Consulting has approximately 1,700 professionals who work in several industry sectors, including health care, energy, construction and federal contracting. Our health care practice is Navigant Consulting's largest and fastest growing industry group. We have more than 300 professionals working on health care issues. These professionals are located in offices throughout the United States.

The public payer group within Navigant Consulting's health care practice, the sector of the firm responsible for conducting this Waiver evaluation, specializes in providing consulting services and litigation support to state health care and social service agencies, state workers' compensation programs, third party payers and health care providers. We have experience in more than 45 states in the areas of managed care program design, implementation, monitoring; policy analysis; reimbursement and delivery system design, development and implementation; program evaluation; fraud and abuse and potential overpayment determination; Medicaid Management Information System and fiscal agent review; medical and health care claims review; and data and report preparation.

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Our health care consultants have experience in rate setting and reimbursement, compliance, health care operations, managed care, reimbursement, statistical sampling, survey development and other specialties as required to provide the utmost expertise for specific project needs.

For the past several years, Navigant Consulting has been working with the Division of Medical Assistance (DMA) in North Carolina. We have built a strong reputation for the quality of work we provide to DMA and believe our work history relationship with the State reflects our consistent performance and ability to communicate on a sophisticated level with the State.

Our subcontractor, Alice Lin, Ph. D. has extensive experience facilitating focus groups. She assisted us with an independent assessment of North Carolina's 1915(b) Waiver by facilitating focus groups of Piedmont Behavioral Health providers and stakeholders to gain information about how implementation of the Waiver has affected access to and quality of behavioral health services from providers' and other stakeholders' perspectives. She has also assisted us by facilitating focus groups and interpreting focus group results for several of our other clients. Dr. Lin facilitated the first year participant focus groups and will provide assistance with the assessment of quality of services and beneficiary access to services.

Navigant Consulting has worked with numerous states on the design and implementation of their Medicaid Waivers. For example, for the State of Wyoming, we are assisting with the development of the budget neutrality analysis for an 1115 Waiver application for family planning services. As part of this project, we are assessing other states' Family Planning Waiver approaches to determine relevance to the State's anticipated program. For Pennsylvania, we are currently assisting with responding to CMS questions about its family planning program 1115 Waiver application. In response to questions, we drafted an evaluation plan, and will provide additional support to the State if CMS requests additional information about the plan.

In addition to our work with waiver design and implementation, Navigant Consulting has also worked with a number of states to perform waiver and other program evaluations. For North Carolina, we are currently performing an independent assessment of access to care, quality of services and cost effectiveness of the Piedmont Cardinal Health Plan, the State's managed care behavioral health 1915(b) Waiver .

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“Be Smart” Family Planning Waiver Timelines and Deliverables

The Waiver Evaluation project was initiated in April of 2007. Appendix B provides a Gantt Chart that summarizes the evaluation timeline and deliverable schedule for the five years of the demonstration.

Organization of the Annual Report

The remainder of this Annual Report is divided into the following sections:

- Section 2: Background on the Be Smart Family Planning Waiver
- Section 3: Waiver Evaluation Plan
- Section 4: Results

We also include the following Appendices:

Appendix A: Maps of Enrollment and Participation

Appendix B: North Carolina Be Smart Family Planning Waiver Timeline for Evaluation and Reporting

Appendix C: North Carolina Family Planning Waiver, Waiver Year One Primary Care Referrals Focus Groups

Appendix D: North Carolina Family Planning Waiver Baseline Year Fertility Rate Report

Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

SECTION 2: BACKGROUND ON THE BE SMART FAMILY PLANNING WAIVER

Overview of the Waiver

Beginning October 1, 2005, the North Carolina Division of Medical Assistance (DMA) began enrolling women and men into the “Be Smart” Family Planning Waiver. The Be Smart Family Planning Waiver will operate from October 1, 2005 through September 30, 2010 under a Demonstration Waiver awarded by the Centers for Medicare and Medicaid Services (CMS). The overall goal of the Waiver is to reduce unintended pregnancies, demonstrate cost savings and improve the health and well-being of children and families in North Carolina. The Waiver is designed to expand eligibility for family planning services and increase the number of low-income persons receiving family planning services throughout North Carolina.

The Be Smart Family Planning Waiver makes family planning services available to men ages 19–60 and women ages 19–55, and with incomes at or below 185 percent of the Federal Poverty Level (FPL).

Prior to the implementation of Be Smart, North Carolina offered family planning services through Medicaid for women at or below 45 percent of the FPL. Women who did not qualify for Medicaid could obtain family planning services through publicly-supported family planning clinics.²

When a woman whose income is up to 185 percent of the FPL becomes pregnant, she can receive comprehensive care related to the pregnancy through the Medicaid program. However, after she gives birth and has her post-partum check-up, generally within two months from giving birth, a North Carolina woman is no longer eligible for Medicaid if her income is above 45 percent of the FPL. This population of women between 45 percent and 185 percent of the FPL was of particular concern to DMA because they are only temporarily eligible for Medicaid due to their pregnancy status and the majority loses their eligibility after the postpartum period. As a consequence, DMA believes these women are at risk for additional closely spaced, unintended pregnancies and may fail to maintain good health practices, which could promote better birth outcomes in the future. The Be Smart Family Planning Waiver is intended to cover this population of women.

According to academic studies, lack of availability of family planning services for women with and without a previous pregnancy has caused an increase of inadequately

² North Carolina Family Planning Waiver Proposal, 1115(a) Demonstration Waiver Application, April 2000.

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spaced, unwanted and unintended pregnancies.³ These types of pregnancies contribute to an increased fertility rate in the state, and in particular they have resulted in higher costs to Medicaid for deliveries and care for the child through the first year of life.

Men ages 19–60 with income below 185 percent of the FPL are also included in this demonstration, since North Carolina has had limited resources in the past to provide vasectomies or other family planning services to men. By extending the Family Planning Waiver services to include men, DMA expects that an increase of vasectomies will also lead to fewer unwanted, unintended and inadequately spaced pregnancies. This in turn should lead to a lower fertility rate, and thus, less Medicaid dollars spent for the births and care of these children.

Waiver Objectives

The Waiver objectives developed by North Carolina DMA are as follows:

1. Increase the number of reproductive age women and men receiving either Family Planning Waiver or Title X funded family planning services by improving access to and use of Medicaid family planning services.
2. Reduce the number of inadequately spaced pregnancies by women in the target group thus improving birth outcomes and health of these women.
3. Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
4. Impact positively the utilization of and “continuation rates” for contraceptive use among the target population.
5. Increase the use of more effective methods of contraception (such as Depo-Provera, Intrauterine Device (IUD) and sterilization) in the target population.
6. Decrease the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
7. Estimate the overall savings in Medicaid spending attributable to providing family planning services to women and men through this demonstration project.

³ For a study about North Carolina, see Forrest, JD and Frost, J. “The Family Planning Attitudes and Experiences of Low-Income Women,” *Family Planning Perspectives*, 36(6):246-277, November/December 1996.

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Within the 1115 Waiver there is a Clinical Innovation Evaluation, which is provided in each 1115 Waiver proposal as a unique research and demonstration effort to allow States flexibility to test new ideas of merit. Within the family planning evaluation, North Carolina has chosen to meet this requirement by implementing and evaluating a unique family planning Clinical Innovation. This innovation and its evaluation are designed to test new clinical counseling services over a period of two years in selected health departments, starting with Waiver Year Three.

Covered Services Under the Waiver

To address the goals of the Waiver, the Be Smart Family Planning Program covers the following services for enrollees when provided as part of a family planning visit:

- Annual and periodic office visits (including counseling, patient education, and treatment)
- Specific laboratory procedures (i.e., pap smears, pregnancy tests)
- FDA-approved and Medicaid-covered birth control methods, procedures, pharmaceutical supplies and devices
- Screening for HIV (Human Immunodeficiency Virus)
- Screening and limited treatment for specific Sexually Transmitted Infections (STIs)
- Voluntary sterilization (in accordance with Federal sterilization guidelines)
- The Family Planning Waiver will also provide referrals for other health concerns for women and men.

Effective in the third Waiver year, North Carolina will add a second component to the Waiver, the Clinical Innovations Project, which will add enhanced family planning services to a demonstration group of Waiver participants. These enhanced family planning services will include:

- Targeted messages built upon an “Explore, Share, Promote” or “ESP” framework
 - Explore any discrepancies between pregnancy intention and contraceptive use

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- Share information on contraception and method use
- Promote behaviors that reduce risk of unintended pregnancy
- Contingency planning including a prescription for emergency contraception (EC)
- Streamlined telephone access to local health departments for women with questions or concerns about their contraceptive method
- Telephone support for use of method to include at least three calls from the Telephone Support and Data Center
- For consenting individuals, telephone support for use of method to include at least three calls from the telephone support and data center

DMA expects that the Clinical Innovation might have a positive effect on increases in the utilization of and “continuation rates” for contraceptive use among the target population (Objective 4 of the Waiver) and increase the use of more effective methods of contraception in the target population (Objective 5 of the Waiver).

Waiver Hypotheses

The DMA, through its Waiver application for the Be Smart Family Planning Waiver, has hypothesized that:⁴

- Putting in place a system by which women and men in North Carolina can more easily access family planning services will reduce the number of inadequately spaced pregnancies.
- Reducing the number of inadequately spaced pregnancies should lead to reductions in the number of adverse pregnancy outcomes and lead to a net saving in Medicaid spending.
- Reducing unintended pregnancies through increased access to and utilization of family planning services, will contribute to a reduction of low birth weight as a factor contributing to infant mortality.

⁴ North Carolina Family Planning Waiver Program Proposal, 1115(a) Demonstration Waiver Program Application, April 2000.

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- Increasing family planning visits for this population will also improve public health due to a concurrent benefit from a predicted decrease in the rate of sexually transmitted diseases as a result of early detection and treatment during family planning visits, particularly with the inclusion of men in the Waiver.
- Supporting women in meeting their health care needs will put them in a better position to exercise wisely their right to make choices regarding the spacing and number of their children and to increase the interval between pregnancies. Likewise, as a result of routine screening and examination, women and men will be able to maintain good health status, all of which will have tremendous value from a cost benefit standpoint as well as from the view of the individual and her/his family.

In addition, the Clinical Innovation Project is expected to positively influence all of the study objectives, and may have the most effect on the utilization of and “continuation rates” for contraceptive use among the target population and increase the use of more effective methods of contraception in the target population.

SECTION 3: WAIVER EVALUATION PLAN

Introduction

The Waiver Evaluation Plan was approved by CMS in November 2004 at the same time the Waiver was approved. North Carolina's Evaluation Plan is designed to measure short-term, intermediate and long-term outcomes and impacts of the Waiver using hypotheses to test the seven Waiver objectives listed in the previous section. The Evaluation Plan included additional hypotheses related to process goals for the Waiver that will measure the effectiveness of the delivery system of the Waiver. The Evaluation Plan also identified the data sources to use to calculate the measures to test these hypotheses.

There are two major components of the Waiver Evaluation Plan. The first component of the Plan is designed to evaluate the overall impact of the Waiver. The second component of the Plan addresses the Clinical Innovation Evaluation.

Waiver Evaluation Objectives

The Waiver Evaluation Plan approved by CMS for the Be Smart Family Planning Waiver is designed to assess the overall impact of the Waiver using the Waiver objectives listed in Section 2 of this report and to evaluate the Clinical Innovation, a key intervention to provide enhanced family planning services to a demonstration group of Waiver participants. We will evaluate the impact of the Waiver objectives for all five years of the demonstration; we will conduct the Clinical Innovation evaluation for two years of the demonstration, beginning with Waiver year three.

To conduct the analyses, DMA identified specific hypotheses, as well as methods and measures to test these hypotheses. There are 14 hypotheses, classified as either short-term (6), intermediate-term (2) or long-term (2); there are also four process measures. These hypotheses and measures are summarized in Table 2 below.

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Table 2: Summary of Hypotheses and Measures Used to Determine if Waiver Objectives Met

| Waiver Identification | Hypothesis | Measure Objective |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Short-term: Linking the Target Population to Program Activities | | |
| C.1.1 | Increased proportions of eligible women and men will be enrolled in the Waiver each year. | Increase the number of eligible men and women enrolled. |
| C.1.2 | More low-income women who are enrolled in the Waiver will receive family planning services. | Increase the number of women receiving services. |
| C.1.3 | More low-income men who are enrolled in the Waiver will receive family planning services. | Increase the number of men receiving services. |
| C.1.4 | Participant women will be less likely to be lost to follow-up. | Increase the number of women returning for services. |
| C.1.5 | Participant women will be more likely to report continuous use of a contraceptive method. | Increase rate of continuous use of contraception among Waiver participants with any contraceptive use. |
| C.1.6 | Participant women will be more likely to report use of a highly effective method of contraception. | Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use. |
| Intermediate Outcomes: Linking Program Activities to Intermediate Impact | | |
| C.2.1 | Participant women will be less likely to have inadequately spaced pregnancies. | Reduce number of inadequately spaced pregnancies to enrolled women. |
| C.2.2 | Lower rates of unintended and unwanted pregnancy among Waiver participants. | Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid. |
| Long-term Outcomes: Linking Intermediate Impact to Long Term Impact | | |
| C.3.1 | Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn and infant care | Decrease the number of Medicaid paid deliveries and lower annual expenditures for pregnancy, newborn and infant care for Waiver participants. |
| C.3.2 | The program achieves cost savings and is budget neutral. | Estimate overall cost savings in Medicaid spending; and assessment of budget neutrality. |

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Table 2: Summary of Hypotheses and Measures Used to Determine if Waiver Objectives Met (cont.)

| Waiver Identification | Hypothesis | Measure Objective |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Process Indicators: Performance Indicators and Quality Improvement | | |
| D.1 | Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources. | Increase awareness of availability of Waiver services. |
| D.2 | Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care. | Increase the number of Waiver participants referred to a source of primary care. |
| D.3 | Increase understanding about reasons for non-participation. | Assess or evaluate reasons for non-participation in the Waiver. |
| D.4 | Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations. | Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver). |

Waiver Measures

The Evaluation Plan specifies the measures to be used to test each hypothesis, and these are listed in Exhibit 1, which follows the discussion of data sources. In addition to these measures, the Evaluation Plan specifies that the evaluation should include targets, or benchmarks, to assess whether the objectives of the Waiver have been met. These targets are to be completed after the baseline analysis. The Evaluation Plan suggests that these targets be set in a way that allows comparison with other State programs, particularly, the Title X Family Planning Program. DMA representatives have reported to us, however, that this population is not similar to the Waiver population in the year prior to the implementation of the Waiver, and there is likely no other population to which the Waiver population can be compared. Instead, therefore, we propose to analyze trends in the measure statistics over the course of the Waiver to evaluate whether the Waiver Program has met its stated objectives. As more Waiver data become available upon the conclusion and evaluation of Waiver Year Two, we will have the

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opportunity to identify trends in the measure statistics. With two years of Waiver measures, we can work with DMA to develop targets for each measure. We will use these targets to compare with measured statistics for Waiver years three through five and evaluate the Waiver measures and objectives based on trends and comparisons to targets.

In developing targets and evaluating whether the Waiver has achieved the desired results, we believe it is important to consider the following:

- **Impact of outside events.** As the State described in the “Limitations” section of the Waiver Evaluation Plan, there are many events that may influence the results of measures the State proposes to use to evaluate the Waiver. For example, a prolonged decrease in the employment rate among the target population could potentially increase the fertility rate over a period of time as increased income has been associated with lower birth rates. It is possible that such changes could mask the positive impact of the Waiver.
- **Demonstrated success across all proposed measures.** The State is measuring the program’s success across a wide variety of measures and it is possible that the State could see success on some but not all of the proposed measures. For example, the target population’s fertility rate may not decrease from year to year as hypothesized, while all of the other statistics move in their hypothesized direction indicating that the Waiver is having its intended effect for the targeted population.

Data Sources

The following data sources were proposed in the evaluation plan as potential sources to use to develop the measures described in Exhibit 1 to test the Waiver hypotheses. We have used these data sources, as proposed, in our analyses, as shown in Exhibit 1 at the end of this section.

Medical Management Information System (MMIS) Claims and Eligibility Files

MMIS provides a database of clients served through the Family Planning Waiver (eligibility database) and the procedures paid for by the Waiver (including preventive services and sterilizations). We will use the claims data to analyze the frequency of continuity of visits for clients who received services through the Family Planning Waiver. The eligibility data will be used to count the number of enrollees in a Waiver year and to make comparisons to paid claims data to identify participants, i.e., enrollees who received at least one Family Planning Waiver service during that Waiver year.

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For the first Waiver year, we reviewed paid MMIS claims data from the Family Planning Waiver with dates of service from October 1, 2005 to September 30, 2006. We counted enrollees from the eligibility file as having enrollment in the Waiver between October 1, 2005 and September 30, 2006. We counted participants as those Waiver Year One enrollees with at least one Family Planning Waiver service.

Health Services Information System (HSIS) Reports

The Department of Health and Human Services, Division of Public Health, Office of Women's Preventive Health tracks clients using family planning services at public health clinics in North Carolina for both Title X and Medicaid (Family Planning Waiver) funding.

Vital Statistics Data (Baby Love)

North Carolina's State Center for Health Statistics (SCHS) maintains a database of Medicaid claims linked with birth certificates. This provides information about birth spacing and birth outcomes for women whose delivery was paid by Medicaid. Since the population who qualify for Medicaid when pregnant (at or below 185 percent of FPL) is the same as the eligible population for the Family Planning Waiver, this will be used to monitor birth outcomes and birth spacing for the Family Planning Waiver eligible population. This data is linked to DMA claims, which will provide the costs associated with a pregnancy, birth, and infant care through the child's first year of life. These data, known as Baby Love, are readily available through the North Carolina Center for Health Statistics.

For the first Waiver year we used calendar year 2004 Baby Love data to estimate infant care through the child's first year of life because data associated with the Waiver year were not available at the time of analysis.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is an ongoing, population-based surveillance system that was designed to identify and monitor selected self-reported maternal behaviors and experiences that occur before, during and after pregnancy among women who deliver live-born infants. To obtain adequate information about poor birth outcomes, the sample of mothers surveyed in North Carolina is weighted to contain a larger portion of low birth weight babies. Every month, a stratified systematic sample of 200 new mothers is selected from a frame of eligible birth certificates.

The PRAMS measure for intendedness of pregnancy is used in evaluating the Family Planning Waiver objective of decreasing unintended pregnancies in the State. The

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Center for Disease Control (CDC) collects the PRAMS data by means of a random survey of women who have delivered babies. The random survey is collected up to three months after a women's delivery, and the data is released on an annual basis after the random survey is collected, analyzed, and the data set is weighted to represent all pregnancies in North Carolina. This data for the State is maintained by and is available through the North Carolina State Center for Health Statistics.

The PRAMS survey identifies a proportion of the women who were eligible for Family Planning Waiver services by their use of Medicaid during pregnancy. There is a question on the survey that allows respondents to identify Medicaid as their source of payment for delivery.

American Community Survey (ACS)

The ACS is a new survey conducted by the U.S. Census Bureau. This survey uses a series of monthly samples to produce annually updated data for the same small areas (census tracts and block groups) as the decennial census long-form sample formerly surveyed. The most recent data available is from calendar year 2005.

We used the ACS data to identify population figures for North Carolina for the eligibles reported in measure C.1.1. We identified eligibles by sex for those individuals between 45 percent and 185 percent of the FPL, who indicated they were U.S. citizens. This is the best estimate of the population of men and women in North Carolina who may be eligible for the Family Planning Waiver. This estimate of the eligible population includes women who are pregnant and women who cannot become pregnant, thus overstating the estimate of eligible women in North Carolina.

A Pocket Guide to Managing Contraception⁵

The Bridging the Gap Foundation publishes *A Pocket Guide to Managing Contraception*. The mission of the Bridging the Gap Foundation is to improve reproductive health and contraceptive decision-making for women and men by providing up-to-date educational resources to the physicians, nurses and public health leaders of tomorrow.

We used *A Pocket Guide to Managing Contraception* 2005 – 2007 edition as the source for contraception failure rates used for measure C.1.6.

⁵ Hatcher RA, Ziemann M, et al. "A Pocket Guide to Managing Contraception." Tiger, Georgia: Bridging the Gap Foundation, 2005, p. 39.

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Focus Groups

The Waiver evaluation plan specifies the use of focus groups with participants who have been enrolled in the Waiver for at least six months to explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered and their satisfaction with the referral process.

Navigant Consulting conducted four focus groups in June 2007 to assess primary care referrals under the first Waiver year (October 1, 2005 – September 30, 2006) of the Family Planning Waiver. Thirty-eight women participated in these focus groups, conducted in Wake, Pitt, Catawba and Guilford Counties.

We provide the Focus Group report in Appendix C.

Baseline Fertility Rate Calculations

Budget neutrality is determined by a formula that compares the reduced costs for health care services associated with a reduced fertility rate among Waiver participants, relative to a baseline fertility rate prior to the Waiver, against the increased costs for family planning services to Waiver participants.

The baseline fertility rate for potential Waiver participants in the budget neutrality formula must be calculated from public survey data about women in North Carolina and from the State's MMIS claims data for all Medicaid participants.⁶ The baseline fertility rate cannot be calculated from data about the specific women who would have been potentially eligible, enrolled or participated in the Waiver during the baseline year, as these women cannot be identified prior to the year that the Waiver began.

The baseline fertility rate is calculated as the estimated number of births per 1,000 women who would have participated in the Waiver Program in North Carolina if the Waiver Program had been operating during calendar year 2003:

$$\text{Baseline fertility rate} = \frac{\text{Number of births to "participating women" in NC in 2003}}{\text{Number of "participating women" in NC in 2003}} * 1,000$$

We calculated the baseline fertility rate for all women below 185 percent of the FPL. Table 3 on the next page, shows the results of the baseline fertility rate calculation. As

⁶ An example of public survey data is the decennial census. We use other public survey data from the U.S. Bureau of the Census that are from sample surveys conducted in the years between the censuses.

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required in the evaluation plan for the Waiver, we present the fertility rates in age groups.

Table 3: Baseline Fertility Rate

| Measure | Ages 19 – 24 | Ages 25 – 29 | Ages 30 – 34 | Ages 35 – 39 | Ages 40 – 55 | Ages 19 – 55 |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Baseline Fertility Rate | 154.8 | 157.9 | 61.2 | 31.1 | 3.31 | 78.1 |

The baseline fertility rate for the 19—55 age group means that approximately seventy eight women out of every one thousand women in this age group, and below 185 percent of the FPL, had a live birth in 2003. Women in younger age groups tend to have a higher fertility rate.

We provide the Baseline Fertility Report in Appendix D.

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Exhibit 1: Summary of Waiver Program Measures and Data Sources

| Hypothesis Number | Hypothesis | Measure | Data Source | Approach to Analysis |
|-------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C.1.1 | Increased proportions of eligible women and men will be enrolled in the Waiver each year. | Unduplicated count of clients enrolled divided by unduplicated count of eligible clients | <i>Numerator:</i> MMIS Eligibility file <i>Denominator:</i> Current Population Survey (CPS) | Calculate the ratio of unduplicated clients enrolled in the Waiver to the eligible population in North Carolina. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of eligibles enrolling in the Waiver over the life of the Waiver. |
| C.1.2 | More low-income women who are enrolled in the Waiver will receive family planning services. | Unduplicated count of enrollees receiving services in the last 12 months (participants) | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS Eligibility file | Calculate the ratio of unduplicated female Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of female Waiver enrollees who could have received a service. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of enrollees obtaining family planning services. |
| C.1.3 | More low-income men who are enrolled in the Waiver will receive family planning services. | Unduplicated count of enrollees, participants and vasectomies | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS Eligibility file | Calculate the ratio of unduplicated male Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of male Waiver enrollees who could have received a service. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of male enrollees obtaining family planning services. |

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Exhibit 1: Summary of Waiver Program Measures and Data Sources

| Hypothesis Number | Hypothesis | Measure | Data Source | Approach to Analysis |
|-------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C.1.4 | Participant women will be less likely to be lost to follow-up. | Participant return to clinic for annual visit and reason for visit | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS paid claims | Calculate the ratio of female participants who received a follow-up annual exam within a 12–15 month time period to all females from the prior Waiver year who received a well woman exam. Beginning with Waiver Year Two, compare this ratio across the five years of the Waiver to determine if there is an increased proportion of female participants returning for services. |
| C.1.5 | Participant women will be more likely to report continuous use of a contraceptive method. | Continuous use of contraception during the year | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS paid claims | Calculate the ratio of unduplicated female participants with continuous use of a contraceptive method to all female participants who had a contraceptive claim in the Waiver year. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data will signify less consistent use. Beginning with Waiver Year Two, compare this ratio across the five years of the Waiver to determine if there is an increased proportion of female participants who continuously use a contraceptive method. |
| C.1.6 | Participant women will be more likely to report use of a highly effective method of contraception. | Types of methods used over the course of the year | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS paid claims | Calculate the weighted average of female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women <u>not</u> experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the Waiver year. Beginning with Waiver Year Two, compare the average effectiveness score across the five years of the Waiver to determine if |

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Exhibit 1: Summary of Waiver Program Measures and Data Sources

| Hypothesis Number | Hypothesis | Measure | Data Source | Approach to Analysis |
|-------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | there is an increased proportion of female participants who use a highly effective method of contraception. |
| C.2.1 | Participant women will be less likely to have inadequately spaced pregnancies. | Percent of Waiver enrollees with inter-pregnancy interval of at least 12 months | <ul style="list-style-type: none"> Pregnancy Risk Assessment and Monitoring System (PRAMS) data MMIS paid claims | Calculate the ratio of female participants with inadequately spaced pregnancies to all female participants who became pregnant during the Waiver year. |
| C.2.2 | Lower rates of unintended and unwanted pregnancy among Waiver participants. | Rate of unintended pregnancy among low-income women and among Waiver enrollees | <i>Numerator:</i> PRAMS <i>Denominator:</i> MMIS paid claims | Use trend and other statistical analyses to track, from year to year, the number of unintended births occurring to women participating in the Waiver. |
| C.3.1 | Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn, and infant care. | Age-adjusted births averted rate and births averted. | <i>Numerator:</i> MMIS paid claims <i>Denominator:</i> MMIS paid claims | Calculate the annual results for this measure in three steps. First, calculate the Waiver year's fertility rate by age category. Second, calculate the Waiver year's births averted rate by age category. Third, calculate the Waiver year's births averted. |

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Exhibit 1: Summary of Waiver Program Measures and Data Sources

| Hypothesis Number | Hypothesis | Measure | Data Source | Approach to Analysis |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C.3.2 | The program achieves cost savings and is budget neutral. | Averted Medicaid Costs, Overall Medicaid Cost Savings, and Budget Neutrality. | <ul style="list-style-type: none"> MMIS paid claims Current Population Survey (CPS) | Calculate the averted Medicaid costs and then calculate the overall Medicaid cost savings for the Waiver year. Assess budget neutrality for the Waiver year and assess cumulative budget neutrality across Waiver years. |
| D.1 | Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources. | Percentage of clients indicating that they heard about the Waiver from at least two sources. | Survey conducted at intake | Requires results from enrollment intake survey that were not available for Waiver Year One. Will provide comments from the focus group discussions regarding this issue. |
| D.2 | Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care. | Reports of problems obtaining and following up for primary care referrals, including specific barriers encountered. | <i>Numerator:</i> Focus Group results <i>Denominator:</i> Focus Group results | Divide the number of Waiver participants indicating they were referred to a source of primary care by the total number of focus group participants. Compare this ratio across the five years of the Waiver to determine if there are increases in proportions of participants obtaining a primary care referral over the life of the Waiver. |
| D.3 | Increase understanding about reasons for non-participation. | Reasons for non participation. | Non-participant survey | Beginning with Waiver Year Two, to assess why enrolled individuals do not participate in the Waiver program, we will annually survey, by mail, a statewide sample of non-participants. Non-participants are defined as those enrolled in the program but not receiving services within 12 months of their enrollment. The sample size for the survey will be based on the |

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Exhibit 1: Summary of Waiver Program Measures and Data Sources

| Hypothesis Number | Hypothesis | Measure | Data Source | Approach to Analysis |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | number of non-participants in any given 12 months but will not exceed 1,000 non-participants in any one survey. Our aim will be to determine the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the future. |
| D.4 | Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations. | Number of reproductive age women and men receiving either Title X or Title XIX funded family planning services. | MMIS paid claims and HSIS reports | Count the unduplicated number of men and women who received family planning services through Title X and Title XIX. |

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SECTION 4: RESULTS

Introduction

In this section of our report, we present the results of the analyses described in Section 3. We report results for only seven of the measures for the following reasons:

- For five measures, we plan to report results as a trend comparison between two years. We cannot report a result for this type of measure, however, when only the first year of the Waiver has been completed. We will report the results for these measures in the second year and later years. For these measures, we do, however, report a first year statistic to which we will compare the second year statistic for reporting the measure result.
- For two measures, we need data that are not yet available. For one of these measures, the PRAMS survey will not have data available for the first three months of Waiver Year One until summer 2008. Data will not be available until summer 2009 for the remaining nine months of the Waiver year. For the other of these measures, Navigant Consulting is not conducting the survey regarding how participants heard about the Waiver, however, we do report information gathered from the focus groups on this topic.

Table 4 on the next page presents the name of each measure and indicates whether we present its results for the first Waiver year.

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Table 4: Summary of Waiver Measures and Reporting Status

| Hypothesis Number | Measure Objective | Reported (Y/N) | Discussion |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------|
| Short-Term Outcomes | | | |
| C.1.1 | Increase the number of eligible men and women enrolled. | Y | |
| C.1.2 | Increase the number of women receiving services. | Y | |
| C.1.3 | Increase the number of men receiving services. | Y | |
| C.1.4 | Increase the number of women returning for services. | N | Requires two years of Waiver activity |
| C.1.5 | Increase rate of continuous use of contraception among Waiver participants with any contraceptive use. | N | Requires two years of Waiver activity |
| C.1.6 | Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use. | N | Requires two years of Waiver activity |
| Intermediate Term Outcomes | | | |
| C.2.1 | Reduce the number of inadequately spaced pregnancies to enrolled women. | N | Requires two years of Waiver activity |
| C.2.2 | Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid. | N | Requires PRAMS data that is not available |
| Long-Term Outcomes | | | |
| C.3.1 | Decrease the number of Medicaid paid deliveries and annual expenditures for pregnancy, newborn and infant care among Waiver participants. | Y | |
| C.3.2 | Estimate overall cost savings in Medicaid spending. | Y | |

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Table 4: Summary of Waiver Measures and Reporting Status (cont.)

| Hypothesis Number | Measure Objective | Reported (Y/N) | Discussion |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|
| Process Indicators | | | |
| D.1 | Increase awareness of availability of Waiver services. | N | No results available at this time. |
| D.2 | Increase the number of Waiver participants referred to a source of primary care. | Y | |
| D.3 | Assess or evaluate reasons for non-participation in the Waiver. | N | Requires two years of Waiver activity |
| D.4 | Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver). | Y | |
| Total Measures Reported for Waiver Year One | | 7 | |

Results

We present the results for the measures in the following pages.

- We present the measure results in a table with columns for each of the five Waiver years. We completed the first column of these tables when we report a result for the measure for the first Waiver year. We will complete the remaining four columns of these tables for Waiver years two through five.
- We discuss the measure results after the table when this information can further clarify the results. We include some of the discussion points from the focus groups that we have also conducted for the first Waiver year.

In Appendix A, we also present four maps that display Waiver activity for the first year among the counties in the state. The maps demonstrate visually how Waiver enrollees and participants are distributed across the State for females and males

Discussion

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The State developed the Waiver Evaluation Plan before an in-depth analysis of data sources was undertaken; thus, it was difficult to predict the data sources that could be used to actually measure the results for each of the stated objectives and measures for the program. Therefore, we have interpreted the evaluation plan as necessary in conducting this evaluation. For example, although the evaluation plan suggests that HSIS data, coupled with MMIS claims data, can be used for several measures, we determined that the MMIS claims data provides all of the service information related to Family Planning Waiver services that we required to conduct our analyses for the related measures. However, we do use HSIS data for measure D.4 to compare Waiver family planning services with Title X services provided at clinics.

Within the discussion section for each measure, we summarize the results of the measure and any data limitations or considerations when reviewing the results.

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Objective C.1.1: Short-term Outcome – Increase the number of eligible men and women enrolled.

Measure Definition: Unduplicated count of clients enrolled divided by unduplicated count of eligible clients.

Hypothesis: Increased proportions of eligible men and women will be enrolled in the Waiver each year.

Data Sources: MMIS Claims and eligibility files; ACS

Calculation: We calculated the unduplicated count of enrollees in the Waiver from MMIS as a percentage of estimates of eligible clients from the ACS.

Annual Results: The following tables show the measure results for all women and men in the age category that defines eligibility and by five age categories.

Table C.1.1.1: Female Enrollee Rate, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | 5.2% | | | | |
| 19 – 39 | 7.5% | | | | |
| Age Category | | | | | |
| 19 – 24 | 11.7% | | | | |
| 25 – 29 | 8.1% | | | | |
| 30 – 34 | 5.0% | | | | |
| 35 – 39 | 3.7% | | | | |
| 40 – 55 | 1.4% | | | | |

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Table C.1.1.2: Male Enrollee Rate, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 60 | 1.3% | | | | |
| 19 – 39 | 1.7% | | | | |
| Age Category | | | | | |
| 19 – 24 | 2.0% | | | | |
| 25 – 29 | 1.7% | | | | |
| 30 – 34 | 1.7% | | | | |
| 35 – 39 | 1.3% | | | | |
| 40 – 60 | 0.8% | | | | |

Discussion:

The enrollment rate among women of all ages is 5.2 percent or 26,039 enrollees of 499,861 women eligible in North Carolina. The enrollment rate among women ages 19 – 39 is 7.5 percent or 23,327 enrollees of 309,017 women eligible in North Carolina. The enrollment rate is highest for the youngest age category, 19–24 year old women. We have overstated the number of eligible women in North Carolina because this estimate of 499,861 women includes women who are pregnant and women who cannot become pregnant: neither group would qualify for Family Planning Waiver services. We provide the enrollment rate for 19 – 39 year olds to show that there was a higher enrollment rate for women who we expect to have higher fertility rates.

The enrollment rate among men of all ages is 1.3 percent or 5,560 enrollees of 417,015 men eligible in North Carolina. The enrollment rate among men ages 19 – 39 is 1.7 percent or 4,166 enrollees of 243,684 men eligible in North Carolina. The enrollment rate is highest for the youngest age category, 19–24 year old men.

We present maps showing the distribution of enrollees across the State in Appendix A.

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Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver.

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Objective C.1.2: Short-term Outcome – Increase the number of women receiving services.

Measure Definition: Unduplicated count of enrollees receiving services in the last 12 months (participants).

Hypothesis: More low-income women who are enrolled in the Waiver will receive family planning services.

Data Source: MMIS Claims

Calculation: We divided the count of female participants by the count of female enrollees.

Annual Results: The following table shows the measure results for all women in the age category that defines eligibility and by five age categories.

Table C.1.2: Female Participation Rate, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | 37.7% | | | | |
| Age Category | | | | | |
| 19 – 24 | 45.0% | | | | |
| 25 – 29 | 39.4% | | | | |
| 30 – 34 | 33.2% | | | | |
| 35 – 39 | 28.6% | | | | |
| 40 – 55 | 18.2% | | | | |

Discussion: The numerator of Objective C.1.1, number of female enrollees, became the denominator of this measure. The participation rate among female enrollees was 37.7 percent overall, or 9,819 participants of the 26,039 female enrollees.

We note that this objective is measured in terms of the percentage of enrollees. A larger number of enrollees without a

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corresponding increased participation among them could cause this measure to fall rather than to rise.

We present the rate of female participation by county in the map in Appendix A, Figure A.3.

Evaluation:

We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver.

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Objective C.1.3: Short-term Outcome – Increase the number of men receiving services.

Measure Definition: Unduplicated count of enrollees, participants and vasectomies.

Hypothesis: More low-income men who are enrolled in the Waiver will receive family planning services.

Data Source: MMIS Claims

Calculation: We divided the count of male participants by the count of male enrollees.

Annual Results: The first table shows the measure results for all men in the age category that defines eligibility and by five age categories. The second table shows the number of men who had a vasectomy in Waiver Year One.

Table C.1.3.1: Male Participation Rate, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 60 | 1.8% | | | | |
| Age Category | | | | | |
| 19 – 24 | 0.7% | | | | |
| 25 – 29 | 3.1% | | | | |
| 30 – 34 | 3.1% | | | | |
| 35 – 39 | 2.5% | | | | |
| 40 – 60 | 0.8% | | | | |

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Table C.1.3.2: Number of Vasectomies, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|---------|------------------|------------------|------------------|------------------|------------------|
| 19 – 60 | 27 | | | | |

Discussion: The numerator of Objective C.1.1, number of male enrollees, became the denominator of this measure. The participation rate among male enrollees was 1.8 percent overall, or 99 participants of the 5,560 male enrollees. The male participation rate was highest for 30–34 year old men.

We note that this objective is measured in percentage terms of enrollees. A larger number of enrollees without a corresponding increased participation among them could cause this measure to fall rather than to rise.

The number of vasectomies in the first Waiver year was 27. This means that 27 percent of the 99 male participants had a vasectomy.

The rate of male participation is much lower than the rate of female participation.

We present the rate of male participation by county in the map in Appendix A, Figure A.4.

Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective C.1.4: Short-term Outcome – Increase the number of women returning for services.

Measure Definition: Participant return to clinic for annual visit and reason for visit.

Hypothesis: Participant women will be less likely to be lost to follow-up.

Data Source: MMIS Claims

Calculation: Calculate the ratio of female participants who received a follow-up annual visit within a 12- to 15-month time period to all females from the prior Waiver year who had an initial or annual examination.

Annual Results: The following table will show the percentage of women who returned for services from one Waiver year to the next. For informational purposes, the second table provides a count of women who received an initial or annual exam in Waiver Year One.

Table C.1.4.1: Percentage of Women Returning for Services, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | | | | | |
| Age Category | | | | | |
| 19 – 24 | | | | | |
| 25 – 29 | | | | | |
| 30 – 34 | | | | | |
| 35 – 39 | | | | | |
| 40 – 55 | | | | | |

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Discussion: Beginning with Waiver Year Two, we will compare this ratio across the five years of the Waiver to determine if there are an increased proportion of female participants returning for services.

There were 5,697 women of the 9,819 participants who had an initial or annual examination as defined by the procedure codes listed in the Waiver Evaluation Plan. In Table C.1.4.2, we provide the number of initial or annual examinations by age category. We will review Waiver Year Two claims data for these women to check whether they had a follow-up visit 12 – 15 months after the visit in Waiver Year One.

**Table C.1.4.2: Number of Women with an Initial or Annual Examination
in Waiver Year One**

| | Waiver Year 1 |
|--------------|------------------|
| 19 – 55 | 5,697 |
| Age Category | |
| 19 – 24 | 2,911 |
| 25 – 29 | 1,303 |
| 30 – 34 | 677 |
| 35 – 39 | 468 |
| 40 – 55 | 338 |

Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver, starting with the second Waiver year.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective C.1.5: Short-term Outcome – Increase rate of continuous use of contraception among Waiver participants with any contraceptive use.

Measure Definition: Continuous use of contraception during the year.

Hypothesis: Participant women will be more likely to report continuous use of a contraceptive method.

Data Sources: MMIS Claims

Calculation: Calculate the ratio of unduplicated female participants with continuous use of a contraceptive method to all female participants who had a contraceptive claim in the Waiver year.

Annual Results: The following table will show the percentage of women who continuously used contraception from one Waiver year to the next.

Table C.1.5.1: Percentage of Women Using Continuous Contraception, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | | | | | |
| Age Category | | | | | |
| 19 – 24 | | | | | |
| 25 – 29 | | | | | |
| 30 – 34 | | | | | |
| 35 – 39 | | | | | |
| 40 – 55 | | | | | |

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Discussion: This measure includes those contraceptive methods that are indicated by Waiver claims. It does not include methods that are not indicated by Waiver claims, e.g., condom use. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data will signify less consistent use.

For Waiver Year One, we can provide the number of female participants with continuous use of a contraceptive method from the date of their first contraceptive claim to the end of Waiver Year One. However, since it is the first year of the Waiver we cannot measure whether every woman had continuous use for at least 12 months, as described in the measure definition. Each participant did not have the opportunity to show 12 months of use, depending on their first date of participation in the Waiver.

For Waiver Year Two, we will review the Waiver Year One and Year Two participants to determine the number of woman who had continuous use for at least a full 12 months on a rolling 12-month basis. Table C.1.5.2 displays the number of woman by Waiver year month with continuous use from the date of their first contraceptive claim to the last day of Waiver Year One and those women who had any contraception use. We do not include the number of women who were sterilized through the program during Waiver Year One because we do not expect those women to participate in subsequent Waiver years.

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Table C.1.5.2: Number of Female Participants with Continuous Contraceptive Use from First Date of Contraceptive Claim in Waiver Year One⁷

| First Month of Contraception Use in Waiver Year 1 | Unduplicated Number of Female Participants with Continuous Contraception Use | Unduplicated Number of Female Participants with Any Contraception Use |
|---------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| October 2005 | 27 | 71 |
| November 2005 | 96 | 235 |
| December 2005 | 136 | 355 |
| January 2006 | 235 | 546 |
| February 2006 | 265 | 522 |
| March 2006 | 339 | 651 |
| April 2006 | 395 | 654 |
| May 2006 | 473 | 743 |
| June 2006 | 575 | 752 |
| July 2006 | 604 | 725 |
| August 2006 | 692 | 714 |
| September 2006 | 670 | 677 |
| Total | 4,507 | 6,645 |

Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver, starting with the second Waiver year.

⁷ Participant counts exclude women who had a sterilization procedure during the Waiver year.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective C.1.6: Short-term Outcome – Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use.

Measure Definition: Types of methods used over the course of the year.

Hypothesis: Participant women will be more likely to report use of a highly effective method of contraception.

Data Sources: MMIS Claims; *A Pocket Guide to Managing Contraception*

Calculation: We will calculate the weighted average of female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women not experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the Waiver year.

Annual Results: The following table will show the average effectiveness score of women who use highly effective methods of contraception from one Waiver year to the next.

Table C.1.6.1: Average Effectiveness Score of Selected Contraceptive Methods for Women with Continuous Contraception Use in Waiver Year One

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|----------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Typical Use for Continuous Users | | | | | |

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Discussion: We assess the specific method type of contraception that each enrollee chooses. We calculate a weighted average that measures the effectiveness of the contraception used continuously during each Waiver year as the “Estimated Percent of Women Not Experiencing an Unintended Pregnancy within the First Year of Use.” This measure includes those contraceptive methods that are indicated by Waiver claims. It does not include methods that are not indicated by Waiver claims, e.g., condom use.

For Waiver Year One, we counted the number of unduplicated participants who used a “highly effective” method as those women who had continuous use during Waiver Year One and used one of the methods listed in Table C.1.6.2. We can provide the number of female participants with continuous use of a contraceptive method from the date of their first contraceptive claim to the end of Waiver Year One. However, since it is the first year of the Waiver we cannot measure whether every woman had continuous use for at least 12 months, as described in the measure definition. Each participant did not have the opportunity to show 12 months of use, depending on their first date of participation in the Waiver. We will report the effectiveness score for Waiver Year One when 12 months of contraception use are available for women who began use during Waiver Year One.

The estimated average effectiveness score for Waiver Year One means that of the 4,507 women who continuously used a contraceptive method during Waiver Year One, we estimate that as a result of this use, 93.60 percent would not experience an unintended pregnancy within the first year of use. This represents just 46 percent of participants during Waiver Year One. We report the effectiveness of sterilizations separately in Table C.1.6.3 because these women will not continue in the program in subsequent Waiver years.

Beginning with Waiver Year Two, we will compare this average effectiveness score across the five years of the Waiver. An increase in the effectiveness score over the course of the Waiver will indicate that an increased proportion of women are using a more highly effective method of contraception.

In Table C.1.6.2, on the next page, we provide the effectiveness rate by contraception method with the number of participants

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using that method continuously (as defined above) during Waiver Year One. We did not estimate the population of women who are using a contraception method other than by prescription or sterilization.

Table C.1.6.2: Count of Continuous Women Using “Highly Effective” Methods of Birth Control in Waiver Year One, by Contraceptive Method and Corresponding Effectiveness Score⁸

| Contraceptive Method | Count of Participants With Continuous Use of Contraception in Waiver Year 1⁹ | Estimated Percent of Women <u>Not</u> Experiencing an Unintended Pregnancy within the First Year of Use¹⁰ |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Pill (COCs and POPs) | 2,443 | 92% |
| Ortho Evra Patch | 363 | 92% |
| NuvaRing | 260 | 92% |
| Depo-Provera Injections | 1,433 | 97% |
| Lunelle monthly injection | | 97% |
| IUD ¹¹ | 8 | 99.2% |
| Weighted Average of Typical Use Among Participants with Continuous Use | 4,507 | 93.60% |

⁸ Hatcher RA, Ziemann M et al. *A Pocket Guide to Managing Contraception*. Tiger, Georgia: Bridging the Gap Foundation, 2005.

⁹ Continuous Use refers to continual contraception claims from first date of contraception claim.

¹⁰ Based on typical use: Among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.

¹¹ We did not have the specific type of IUD for each claim, so we used the percentage for IUD – Paragard because it had a higher rate of unintended pregnancy than IUD – Mirena, therefore this provided a more conservative estimate.

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C.1.6.3 Count of Women with a Sterilization Procedure during Waiver Year One

| Contraceptive Method | Count of Participants With Continuous Use of Contraception in Waiver Year 1 | Estimated Percent of Women <u>Not</u> Experiencing an Unintended Pregnancy within the First Year of Use |
|----------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Female Sterilization | 189 | 99.5% |

We observed that some women changed contraceptive methods during the year, so we counted the method that they used most recently to categorize counts by method. We did not find any claims related to the use of a diaphragm or cervical cap in the Waiver Year One data.

Evaluation:

We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver, starting with the second Waiver year.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective C.2.1: Intermediate Outcome – Reduce the number of inadequately spaced pregnancies to enrolled women.

Measure Definition: Percent of Waiver enrollees with inter-pregnancy interval of at least 12 months.

Hypothesis: Participant women will be less likely to have inadequately spaced pregnancies.

Data Sources: Baby Love data; MMIS Claims

Calculation: Calculate the ratio of female participants with inadequately spaced pregnancies to all female participants who became pregnant during the Waiver year.

Annual Results: The following table provides the percentage of female participants with inadequately spaced pregnancies.

Table C.2.1: Percentage of Female Participants with an Inadequately Spaced Pregnancy, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | | | | | |
| Age Category | | | | | |
| 19 – 24 | | | | | |
| 25 – 29 | | | | | |
| 30 – 34 | | | | | |
| 35 – 39 | | | | | |
| 40 – 55 | | | | | |

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Discussion: We will provide cross-sectional measures of inter-pregnancy intervals for Waiver and non-Waiver participants. We will track secondary analyses of this information and the linkage to vital records and other administrative data on all Medicaid recipients of childbearing age. We will use trend and other statistical analyses to track, from year to year, the timing of births occurring to women enrolled in the Waiver.

Evaluation: We will evaluate this objective by observing whether the measure result decreases from year to year of the Waiver, starting with the second Waiver year.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective C.2.2: Intermediate Outcome – Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.

Measure Definition: Rate of unintended pregnancy among low-income women and among Waiver enrollees.

Hypothesis: Lower rates of unintended and unwanted pregnancies among Waiver participants.

Data Sources: PRAMS; Baby Love data; MMIS Claims

Annual Results: The following table provides the percentage of female participants with inadequately spaced pregnancies.

Table C.2.2: Percentage of Unintended Births, by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | | | | | |
| Age Category | | | | | |
| 19 – 24 | | | | | |
| 25 – 29 | | | | | |
| 30 – 34 | | | | | |
| 35 – 39 | | | | | |
| 40 – 55 | | | | | |

Discussion: We will provide cross-sectional measures for unintended pregnancy rates for Waiver and non-Waiver participants. We will track secondary analyses of this information and the linkage to vital records and other administrative data on all Medicaid recipients of childbearing age. We will use trend and other statistical analyses, from year to year, to track the number of unintended births occurring to women enrolled in the Waiver.

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Data about pregnancies that occurred in 2005 is expected to be released to the public in June 2008; data about pregnancies that occurred in 2006 is expected to be released to the public in June 2009.

The reporting of the unintended pregnancies rate for the first Waiver year, which ended September 2006, requires a 23-month postponement to July 2009 from the original due date of September 2007. For subsequent Waiver years, the reporting of the rate of unintended pregnancy measure will require a 35-month postponement, e.g., Waiver Year Two ends September 2007 and the unintended pregnancy measure can be reported in July 2010. This modification to the reporting is due to the timing of the availability of Pregnancy Risk Assessment Monitoring System (PRAMS) state survey data for the Waiver years.

According to 2005 PRAMS data for a random sample of births in North Carolina from January to August 2005, 43 percent of the survey respondents indicated their pregnancy was unintended, i.e., they reported that they wanted to be pregnant later (mistimed) or not then or any time in the future (unwanted).¹² Of the subset of these survey respondents who reported they were a Medicaid recipient, 58 percent indicated their pregnancy was unintended. These results are for pregnancies that occurred prior to the implementation of the Be Smart program.

Evaluation: We will evaluate this objective by observing whether the measure result decreases from year to year of the Waiver, starting with the second Waiver year.

¹² North Carolina State Center for Health Statistics, "2005 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results", *Intendedness of Pregnancy*, (website updated August 3, 2007). Available online: http://www.schs.state.nc.us/SCHS/prams/2005/FEEL_PG.html

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Objective C.3.1: Long-term Outcomes – Decrease the number of Medicaid paid deliveries and lower annual expenditures for pregnancy, newborn and infant care among Waiver participants.

Measure Definition: Age-adjusted births averted rate and births averted.

Hypothesis: Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn and infant care.

Data Sources: MMIS Claims; CPS; Baby Love
Input from Baseline Year Fertility Rate Report

Calculation: We calculated the annual results for this measure in three steps. The births averted rate is age-adjusted because we did the first two steps by age category.

First, we calculated the first Waiver year's fertility rate by age category. The first Waiver year's fertility rate is equal to the number of participants with a delivery from MMIS divided by the total number of participants divided by one thousand.

Second, we calculated the first Waiver year's births averted rate by age category. The first Waiver year's births averted rate is equal to the Waiver's baseline fertility rate minus the first Waiver year's fertility rate. The age-adjusted births averted rate is an average weighted by the number of participants in each age category.

Third, we calculated the first Waiver year's births averted. The Waiver year's births averted is equal to the number of participants in the Waiver year times the Waiver year births averted rate.

Annual Results: The following table shows the measure results and its components.

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Table C.3.1.1: Births Averted Rate and Births Averted

| Measure | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Estimated Age-Adjusted Births Averted Rate (per 1,000) | 89.2 | | | | |
| Estimated Averted Births | 876 | | | | |

Table C.3.1.2: Steps for Fertility Rate and Births Averted for Waiver Year One

| | Baseline Fertility Rate (per 1,000) | Estimated Annual Births By Participants | Total Participants | Estimated Waiver Year Fertility Rate (per 1,000) | Estimated Averted Births Rate (per 1,000) | Estimated Averted Births ¹³ |
|---------|-------------------------------------|-----------------------------------------|--------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------|
| 19 – 55 | n/a | 374 | 9,819 | n/a | 89.2 | 876 |
| | | | | | | |
| 19 – 24 | 154.8 | 218 | 5,092 | 42.8 | 112.0 | 570 |
| 25 – 29 | 157.9 | 98 | 2,300 | 42.6 | 115.3 | 265 |
| 30 – 34 | 61.2 | 41 | 1,216 | 33.7 | 27.5 | 33 |
| 35 – 39 | 31.1 | 15 | 717 | 20.9 | 10.2 | 7 |
| 40 – 55 | 3.31 | 2 | 494 | 4.0 | (0.7) | 0 |

Discussion: Values for the baseline fertility rate by age category are from the Baseline Year Fertility Rate Report.

¹³ The Estimated Averted Births are rounded to the nearest birth count.

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The Age-Adjusted Births Averted Rate estimates that there were 89 fewer births for every 1,000 participants in Waiver Year One.

We noted that the number of births increased from month to month in the time period for births associated with participation in Waiver Year One.¹⁴

Notably, there were two births that occurred to women in the age group 40 – 55. This meant that the fertility rate for this age group was higher than the baseline fertility rate and therefore did not avert any births. There were averted births in the remaining age groups.

Evaluation:

We are evaluating if Waiver participants in a Waiver year, compared to similar women in the baseline year, experience fewer Medicaid paid deliveries.

We found that Waiver participants in Waiver Year One compared to a similar number of women in the baseline year, experienced 876 fewer paid deliveries.

¹⁴ Pregnancies that began in October 2005, the first month of Waiver Year One, are associated with births nine months later in July 2006, however, we do include births that occurred in June 2006 to account for premature births. For all age categories, the number of births per month were the following:

| Jun 2006 | Jul 2006 | Aug 2006 | Sep 2006 | Oct 2006 | Nov 2006 | Dec 2006 | Jan 2007 | Feb 2007 | Mar 2007 | Apr 2007 | May 2007 | Jun 2007 |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 1 | 2 | 6 | 10 | 21 | 20 | 30 | 24 | 34 | 60 | 55 | 46 | 65 |

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Objective C.3.2: Long-term Outcomes –Estimate overall cost savings in Medicaid spending; and assessment of budget neutrality.

Measure Definition: Averted Medicaid Costs, Overall Medicaid Cost Savings, and Budget Neutrality.

Hypothesis: The program achieves cost savings and is budget neutral.

Data Sources: MMIS Claims; Vital Statistics; CMS-64 forms
Input of annual results from Objective C.3.1

Calculation: We calculated the Averted Medicaid Costs and then calculated the Overall Medicaid Cost Savings for the Waiver year. We assessed budget neutrality for Waiver Year One and will assess cumulative budget neutrality in later Waiver years.

The Averted Medicaid Costs is equal to the births averted times the average Medicaid costs of a birth for the Waiver year. The Medicaid costs of a birth include pre-natal, delivery, postnatal, newborn and infant care.

The Overall Medicaid Cost Savings is equal to the Averted Medicaid Costs minus the program expenditures for a Waiver year.

We assess the Waiver to be budget neutral if there are Overall Medicaid Cost Savings. This assessment is for each Waiver year and for the cumulative Waiver years in subsequent years.

Annual Results: The following table shows the measure results and its components. There is a column for each Waiver year.

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Table C.3.2.1: Budget Neutrality

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Estimated Averted Medicaid Costs | \$11,402,016 | | | | |
| Estimated Overall Medicaid Cost Savings | \$9,505,557 | | | | |
| Budget Neutral | Yes | | | | |

The following table shows values for the steps taken to calculate Overall Medicaid Costs Savings and Averted Medicaid Costs for Waiver Year One.

Table C.3.2.2: Steps for Overall Medicaid Cost Saving and Averted Medicaid Costs for Waiver Year One

| Estimated Births Averted | Estimated Average Births Costs | Estimated Averted Medicaid Costs | Waiver Year Program Expenditures | Estimated Overall Medicaid Cost Savings |
|-----------------------------|--------------------------------------|-------------------------------------------|----------------------------------------|--------------------------------------------------|
| 876 | \$13,016 | \$11,402,016 | \$1,896,459 | \$9,505,557 |

Discussion:

We note that the estimated average costs of births may increase when Baby Love data associated with Waiver Year One become available. If the estimated average costs of births does increase then the estimated averted Medicaid costs and estimated overall Medicaid cost savings will also increase.

The Evaluation Plan refers to the Waiver year's overall Medicaid cost savings as the "Budget Limit," a term that emphasizes these savings as the limit for the Waiver year's program expenditures in order for the program to be cost-effective.

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We used deliveries of participants in the months July 2006 to March 2007 to estimate the prenatal, delivery and postnatal costs. We used birth data from Baby Love for calendar year 2004 to estimate the costs to Medicaid for infants through their first year of life. Calendar year 2004 was the latest year available with this data about infants through their first year of life, but we have not inflated these costs. If these costs have risen because of, for example, payment rate adjustments, then the Estimated Averted Medicaid Costs for the averted births is underestimated.

Evaluation:

We are evaluating whether there are lower annual costs for prenatal, delivery, newborn and infant care because of births averted among Waiver participants. We are also evaluating whether there are overall Medicaid cost savings because the lower annual costs exceed the costs of administering the program. We will assess that there is budget neutrality if there is Overall Medicaid Cost Savings in a Waiver year and cumulatively for all years.

We found that the Waiver resulted in reduced annual costs for prenatal, delivery, newborn and infant care. Overall, the Waiver had Medicaid cost savings and was budget neutral.

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Process Indicators: Performance Indicators and Quality Improvement

The Family Planning Waiver has established a standard set of quality of care indicators, which are required deliverables in the contracts with local agencies, and are also used as the basis for periodic monitoring. These same standards will be applied in measuring the effectiveness of the delivery system, as well as the quality of care under the Waiver. The measures on the following pages represent these process indicators.

We reviewed the types of providers who were serving Waiver participants. We found the most common provider specialties were Health Departments, Hospitals and the physician specialties of Obstetrics and Gynecology and General Family Practice. Appendix E.1 provides a summary of the number and location of provider specialties that provided services to Family Planning Waiver participants during Waiver Year One. Appendix E.2 provides a summary of the number of visits to those provider specialties during Waiver Year One.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective D.1: Process Indicator – Increase awareness of availability of Waiver services.

Measure Definition: Percentage of clients indicating that they heard about the Waiver from at least two sources.

Hypothesis: Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources.

Data Sources: Survey of a sample of enrollees; focus groups.

Calculation: A periodic survey (no less than once per year) of a statewide sample of enrollees will be given at intake to determine how they heard about the Waiver and whether they heard about the Waiver from more than one source and/or through a specific outreach or recruitment activity.

Annual Results: The following table reports the results of the measure.

Table D.1: Percentage of Enrollees Who Heard About the Waiver from Multiple Sources by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | | | | | |
| Age Category | | | | | |
| 19 – 24 | | | | | |
| 25 – 29 | | | | | |
| 30 – 34 | | | | | |
| 35 – 39 | | | | | |
| 40 – 55 | | | | | |

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Discussion: Results for this survey were not available at the time of this report. Requires at least two years of Waiver activity.

Focus Group: Most of the Focus Group participants reported that they received the information about Be Smart from the local health or public health department staff, e.g., nurse or social worker. Many participants have also seen public bulletin notices posted at the local health or public health department. A small number of participants had heard of the program from a neighbor or friend.

The majority of the focus group participants indicated these common experiences:

- They were offered the Family Planning Waiver when they received news about their loss of Medicaid eligibility due to a change in income level.
- They were offered the Family Planning Waiver during an annual physical exam at the health/public health department.

Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver.

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- Objective D.2:** Process Indicator – Increase the number of Waiver participants referred to a source of primary care.
- Measure Definition:** Reports of problems obtaining and following up for primary care referrals, including specific barriers encountered.
- Hypothesis:** Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care.
- Data Sources:** Focus groups findings; we selected eligible focus group participants from MMIS Claims data
- Calculation:** We divided the number of Waiver participants indicating they were referred to a source of primary care by the total number of focus group participants.
- Annual Results:** The following table shows the measure results for all focus group participants who indicated they received a primary care referral during the first Waiver year.

Table D.2: Percentage of Focus Group Participants Who Had No Difficulties Obtaining a Primary Care Referral by Waiver Year

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|---------|------------------|------------------|------------------|------------------|------------------|
| 19 – 55 | 58% | | | | |

- Discussion:** To evaluate the extent of participants’ follow-up on primary care referrals received from their family planning providers, we will report results from at least four focus groups held annually with enrollees participating in the program for at least six months. The composition of the focus groups will be based on the demographic and geographic distribution of enrollees. We will explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered in either process and their satisfaction with the referral process.

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Navigant Consulting conducted four focus groups in June 2007 to assess primary care referrals under Year One (October 1, 2005 – September 30, 2006) of the Family Planning Waiver. Thirty-eight women participated in these focus groups, conducted in Wake, Pitt, Catawba and Guildford Counties. This first set of focus groups yielded some valuable information about the individual and collective experiences of Be Smart participants.

Focus group findings include:

- Not all focus group participants indicate an awareness of the availability of primary care referral services. Further, it appears that information about referrals to primary care is disseminated inconsistently across consumer locations.
- For focus group participants, access to primary care referrals is uneven. Some participants who had received primary care referrals identified the waiting time to get services, and unaffordable service alternatives as barriers to obtaining referral services.
- The pattern of follow-up for primary care referrals varies among sites.
- Participants who received primary care referrals were generally satisfied with the referrals.

Evaluation:

We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver, i.e., number who receive a referral.

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NOT BEING REPORTED IN WAIVER YEAR ONE

Objective D.3: Process Indicator – Assess or evaluate reasons for non-participation in the Waiver.

Measure Definition: Reasons for non-participation.

Hypothesis: Increase understanding about reasons for non-participation.

Data Sources: An annual survey, by mail, of a statewide sample of non-participants

Calculation: Data collected from the survey will be analyzed for any trends of non-participation.

Annual Results: The survey of non-participants will begin at the conclusion of Waiver Year Two. We will report reasons for non-participation in the second annual report.

Discussion: Non-participants are defined as those enrolled in the program but not receiving services within 12 months of their enrollment. The sample size for the survey will be based on the number of non-participants in any given 12 months but will not exceed 1,000 non-participants in any one survey. The objective of the survey is to determine the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the future.

Evaluation: We will evaluate this objective by determining the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the Waiver services in the future.

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Objective D.4: Process Indicator – Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver)

Measure Definition: Number of reproductive age women and men receiving either Title X or Title XIX funded family planning services.

Hypothesis: Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations.

Data Sources: MMIS Claims; HSIS Data

Calculation: Number of men and women who received a family planning service at a Title X clinic under Title X and Title XIX; number of men and women who received a family planning service under the Family Planning Waiver at a Title X clinic and number of men and women who received a family planning service under the Family Planning Waiver at a location other than a Title X clinic.

Annual Results: The following table shows results of the measure for men and women of all ages.

Table D.4.1: Count of Men and Women Receiving Family Planning Services in North Carolina¹⁵

| | Waiver Year 1 | Waiver Year 2 | Waiver Year 3 | Waiver Year 4 | Waiver Year 5 |
|-------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Family Planning Waiver Participants | 9,918 | | | | |
| Title X and Title XIX (excluding Waiver participants) | 116,184 | | | | |
| All Title X, Title XIX and Waiver Participants | 126,102 | | | | |

¹⁵ The Title X and Title XIX participant counts include some ages not eligible for the Waiver, i.e., age 18 and over 55 (females) or over 60 (males); however, these counts exclude ages under 18. These counts also include individuals who do not meet the income criteria of the Waiver.

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Discussion: We identified Family Planning Waiver participants who had a claim at a clinic at a Health Department (provider type 055) for this measure. The unduplicated count of men and women using family planning services through Title X and Title XIX, including Family Planning Waiver services, is the basis for this measure. In Table D.4.2, we provide a summary of family planning participants in North Carolina, which include family planning services through the Family Planning Waiver, Title XIX and Title X.

Table D.4.2: Count of All Men and Women Who Received a Family Planning Service at a Title X Clinic From Either Title X or Medicaid and Count of Family Planning Waiver Participants by Location

| | Waiver Year 1 Family Planning Waiver Recipients <u>Not</u> at Title X Clinics | Waiver Year 1 Family Planning Waiver Recipients at Title X Clinics | Waiver Year 1 Title X and Title XIX (excluding Waiver Participants) Family Planning Recipients at Title X Clinics | Number of Title X, Title XIX and Waiver Participants Receiving Family Planning Services in North Carolina |
|--------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| | A | B | C ¹⁶ | D=A+B+C |
| Women | 6,028 | 3,791 | 115,434 | 125,253 |
| Men | 83 | 16 | 750 | 849 |
| Total | 6,111 | 3,807 | 116,184 | 126,102 |

Evaluation: We will evaluate this objective by observing whether the measure result increases from year to year of the Waiver.

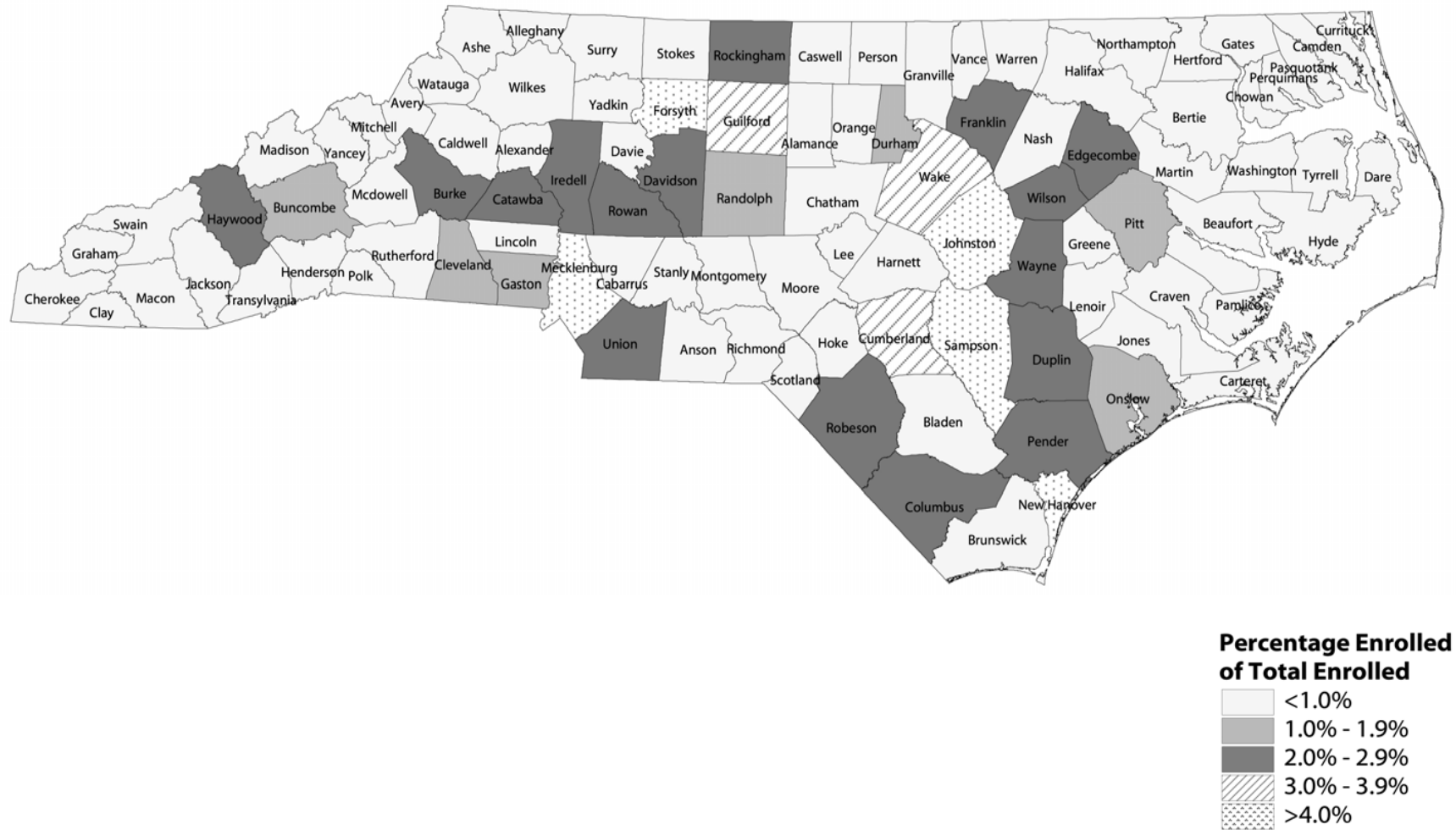
¹⁶The Division of Public Health provided counts of males (766) and females (119,225) for ages 18 and older on 12/18/2007.

APPENDIX A

MAPS OF ENROLLMENT AND PARTICIPATION

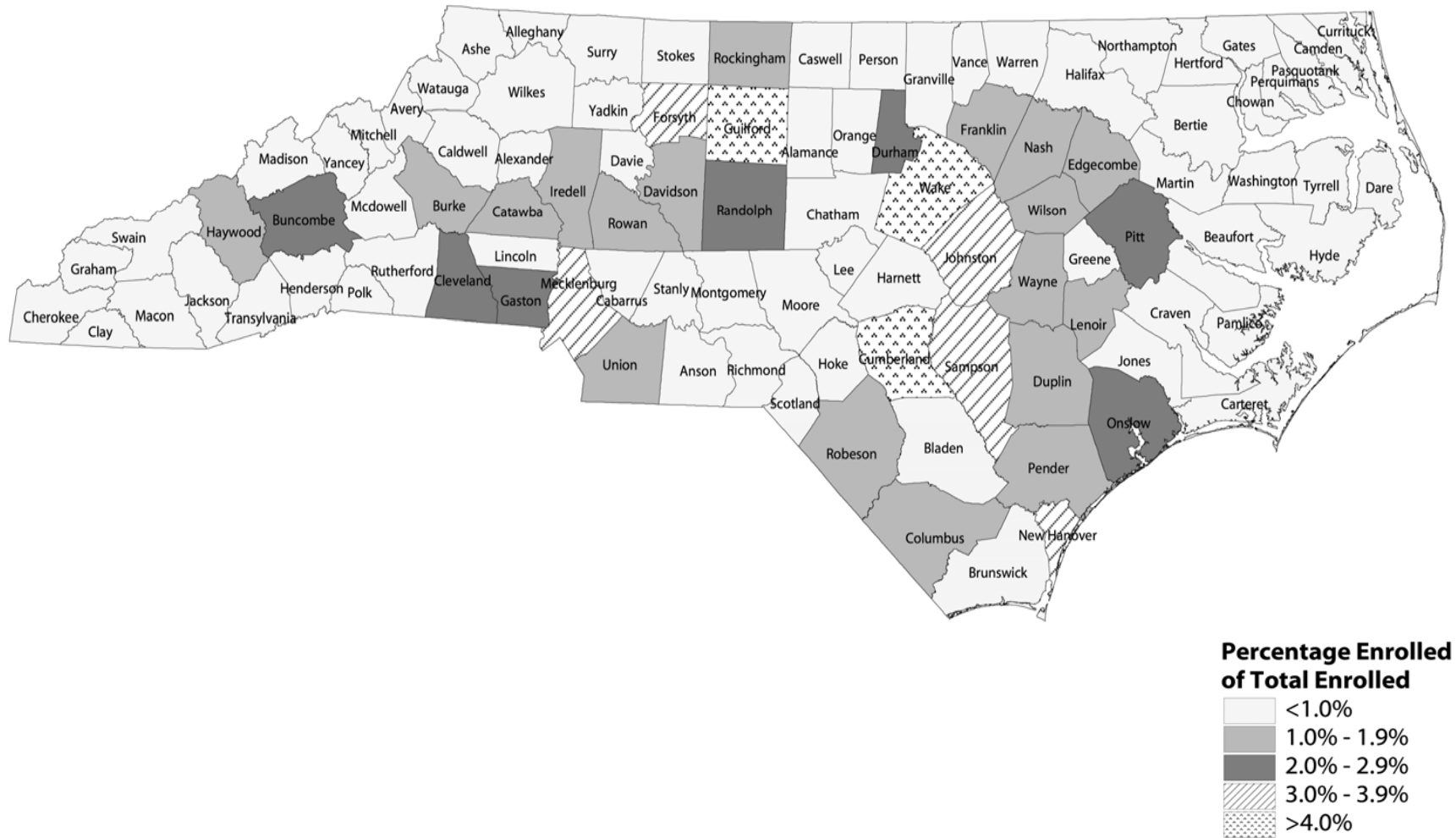
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Figure A.1: Distribution of Female Waiver Enrollees, by County



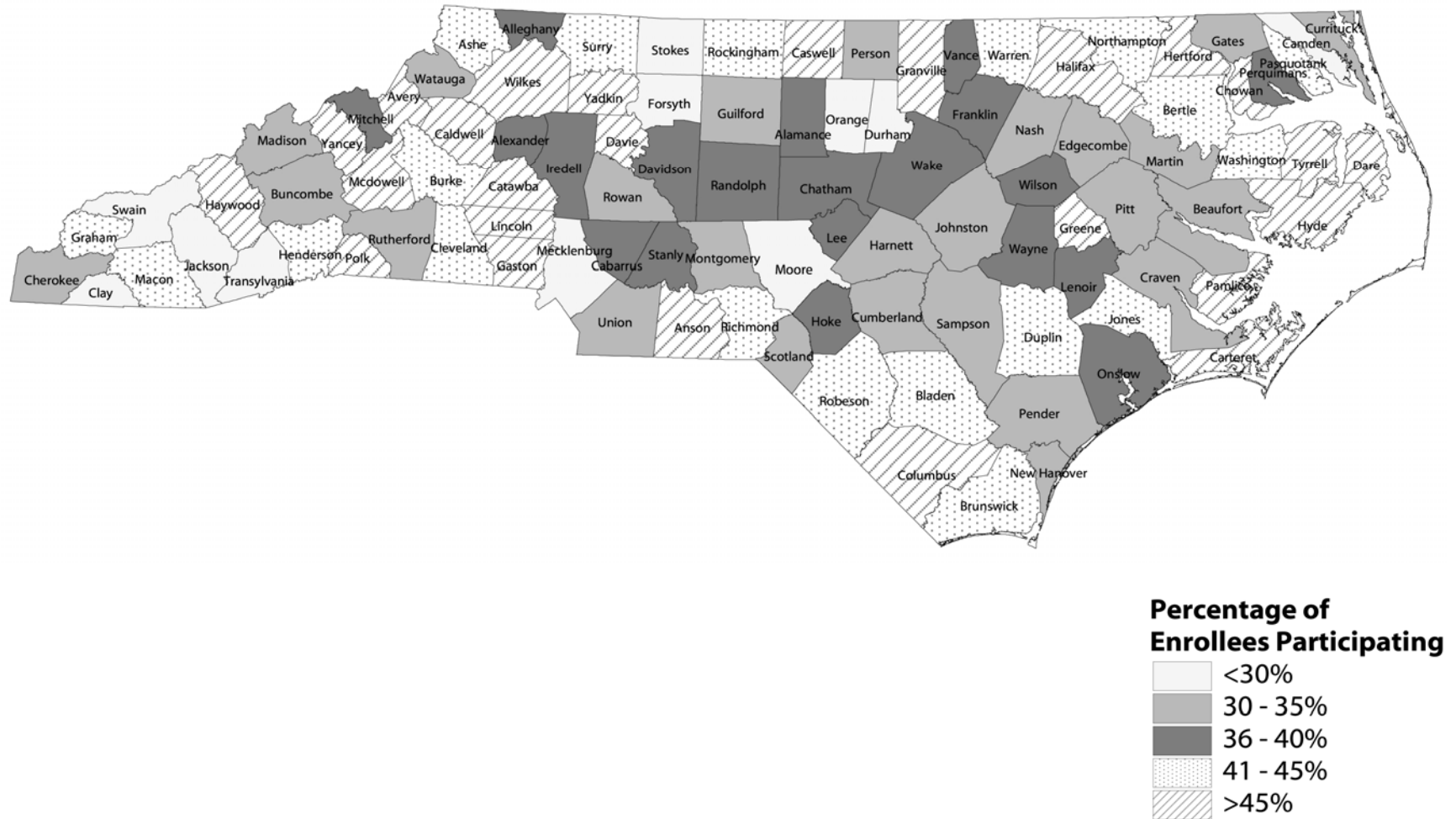
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Figure A.2: Distribution of Male Waiver Enrollees, by County



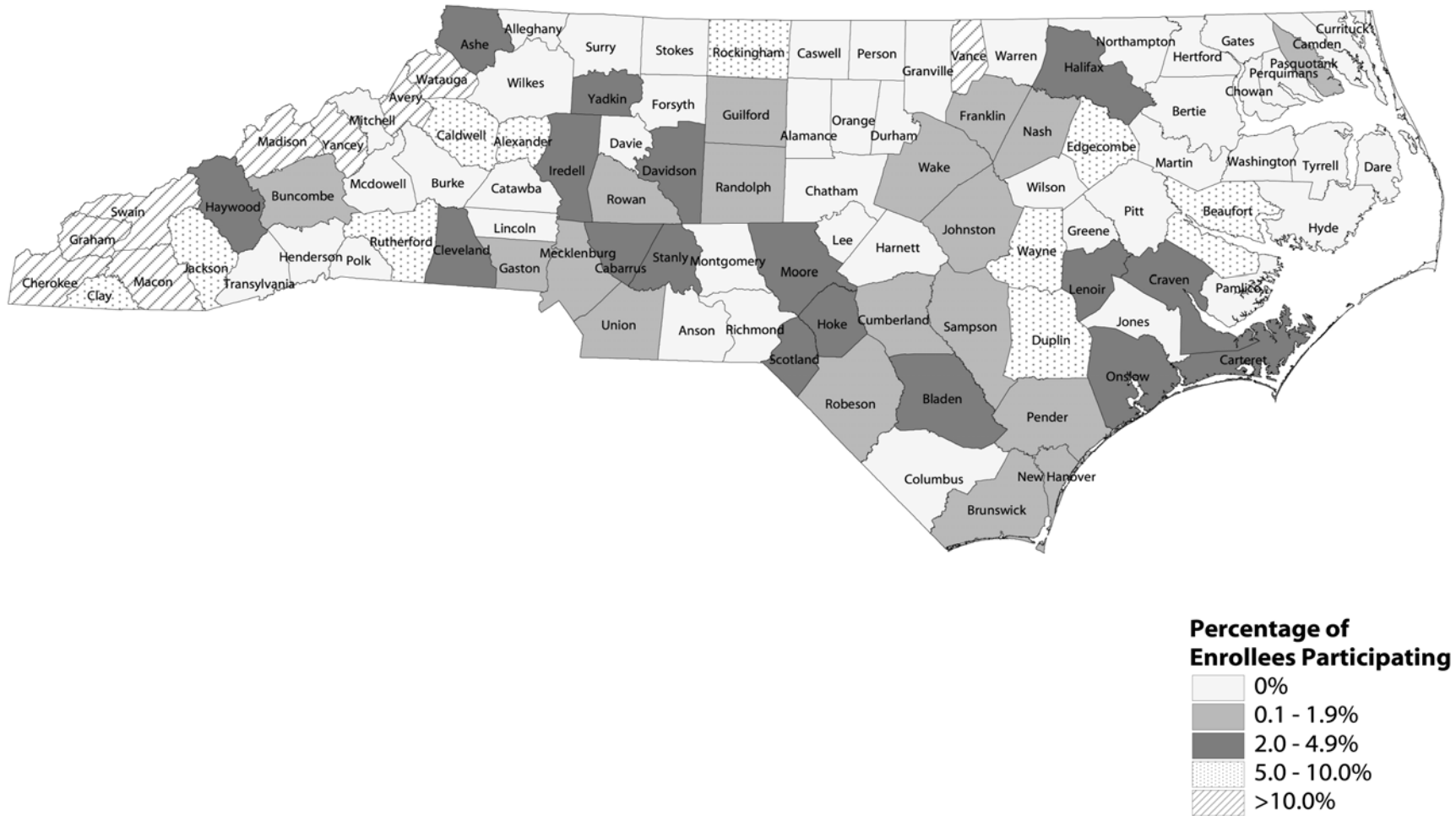
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Figure A.3: Rate of Female Waiver Participation, by County



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Figure A.4: Rate of Male Waiver Participation, by County



APPENDIX B
NORTH CAROLINA BE SMART FAMILY
PLANNING WAIVER TIMELINE FOR
EVALUATION AND REPORTING

Appendix B: North Carolina Be Smart Family Planning Waiver Timeline for Evaluation and Reporting

| Task | | Years One to Four (Annual Cycle) | | | | | | | | | | | | | Year Five (Annual Cycle and Final Report) | | | | | | | | | | | |
|------------------------|------------------------------------------------------------------------------------------|----------------------------------|-----|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| Tasks and Deliverables | | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | |
| YEAR ONE (2007) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 1 | Conduct Kick-Off Meeting, Review Documents, IRB Application | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 2 | Conduct Baseline Data Analysis, Budget Neutrality Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Baseline Data Analysis Report | | | | | | X | | | | | | | | | | | | | | | | | | | |
| Task 3 | Develop Data Collection/Analysis Plan, Conduct Analysis of Clincial Innovation Pilot | | | See Year 3 and 4 | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Data Collection and Analysis Plan for Clinical Innovation Pilot | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 4 | Conduct Primary Care Referrals Focus Groups | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Primary Care Focus Group Report | | | | | | X | | | | | | | | | | | | | | | | | | | |
| Task 5 | Prepare One Quarterly Narrative Report | | | DMA has submitted these | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Quarterly Report | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 6 | Present Annual Findings to DMA and Designated Partners | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Presentation | | | | | | X | | | | | | | | | | | | | | | | | | | |
| Task 7 | Prepare Annual Report | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Report | | | | | | | X | | | | | | | | | | | | | | | | | | |
| YEAR TWO (2007) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 8 | Annual Data Analysis (builds on Baseline Data Analysis) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Data Analysis Report | | | | | | | | | X | | | | | | | | | | | | | | | | |
| Task 9 | Conduct Primary Care Referrals Focus Groups | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Primary Care Focus Group Report | | | | | | | | | | | X | | | | | | | | | | | | | | |
| Task 10 | Conduct Annual Survey of Waiver Non-Participants | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Non-Participant Survey Report | | | | | | | | | | | X | | | | | | | | | | | | | | |
| Task 11 | Develop Data Collection/Analysis Plan and Conduct Analysis of Clinical Innovations Pilot | | | See Year 3 and 4 | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Data Collection and Analysis Plan for Clinical Innovation Pilot | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 13 | Prepare Four Quarterly Narrative Reports Annually | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Quarterly Reports | | X | | | X | | | X | | | | X | | | | | | | | | | | | | |
| Task 14 | Present Annual Findings to DMA and Designated Partners | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Presentation | | | | | | | | | | | X | | | | | | | | | | | | | | |
| Task 15 | Prepare Annual Report | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Report | | | | | | | | | | | | X | | | | | | | | | | | | | |

Appendix B: North Carolina Be Smart Family Planning Waiver Timeline for Evaluation and Reporting

| Task | | Years One to Four (Annual Cycle) | | | | | | | | | | | | Year Five (Annual Cycle and Final Report) | | | | | | | | | | | |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------|--|---|---|---|---|---|---|---|---|---|---|-------------------------------------------|---|---|---|---|---|---|---|---|---|---|--|
| YEARS THREE THROUGH FIVE (2008 - 2010) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 8 | Annual Data Analysis (builds on Baseline Data Analysis) | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Data Analysis Report | | | | | | | X | | | | | | | | | | | X | | | | | | |
| Task 9 | Conduct Primary Care Referrals Focus Groups | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Primary Care Focus Group Report | | | | | | | | | | | X | | | | | | | | | | | X | | |
| Task 10 | Conduct Annual Survey of Waiver Non-Participants | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Non-Participant Survey Report | | | | | | | | | | | X | | | | | | | | | | | X | | |
| Task 11 | Develop Data Collection/Analysis Plan and Conduct Analysis of Clinical Innovations Pilot (Years Three and Four) | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Data Collection and Analysis Plan for Clinical Innovation Pilot | | | | | | | | | | | X | | | | | | | | | | | | | |
| Task 13 | Prepare Four Quarterly Narrative Reports Annually | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Quarterly Reports | | | X | | | X | | | X | | | X | | | X | | | X | | | X | | X | |
| Task 14 | Present Annual Findings to DMA and Designated Partners | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Presentation | | | | | | | | | | | X | | | | | | | | | | | X | | |
| Task 15 | Prepare Annual Report | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Annual Report (Years Three and Four) | | | | | | | | | | | X | | | | | | | | | | | | | |
| FINAL REPORT (2010 - 2011) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 16 | Develop Final Report, Plan Waiver Re-Application and Renewal | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Draft | | | | | | | | | | | | | | | X | | | | | | | | | |
| | Deliverable: Final Report | | | | | | | | | | | | | | | | | | | | | | | X | |
| PROJECT MANAGEMENT (2007 - 2011) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 17 | Manage project with DMA Staff | | | | | | | | | | | | | | | | | | | | | | | | |
| Task 18 | Collaborate with Evaluator Teams from Other States | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deliverable: Summary of Regional Waiver Conference Calls | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |

APPENDIX C
NORTH CAROLINA FAMILY PLANNING
WAIVER, WAIVER YEAR ONE PRIMARY
CARE REFERRALS FOCUS GROUPS

North Carolina
Department of
Health and Human Services
Division of Medical Assistance

North Carolina Family Planning Waiver
Waiver Year One
Primary Care Referrals Focus Groups

September 2007

Navigant Consulting, Inc.
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Chicago, Illinois 60606



EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (DHHS) engaged Navigant Consulting, Inc. to provide an independent evaluation of the State's Family Planning Waiver, and determine the extent to which the Waiver objectives have been met—namely, whether there is improved access to Medicaid family planning services for low-income men and women, and if desired outcomes have been reached, including reduction of unwanted pregnancies, effective use of contraceptives, and maternal and infant health.

The Waiver includes a quality of care indicator to measure whether Waiver participants who lack a source of primary care at the time of enrollment in the Waiver will be referred to an appropriate source of such care. The Waiver Evaluation Plan specifies the use of focus groups with participants who have been enrolled in the Waiver for at least six months to explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered and their satisfaction with the referral process.

Navigant Consulting conducted four focus groups in June 2007 to assess primary care referrals under Year One (October 1, 2005 – September 30, 2006) of the Family Planning Waiver Program, known as "Be Smart." Thirty-eight women participated in these focus groups, conducted in Wake, Pitt, Catawba and Guilford Counties. This first set of focus groups yielded some valuable information about the individual and collective experiences of Be Smart participants.

Most focus group participants reported successful results in Waiver Year One of Be Smart. The general sentiment is that family planning helps these focus group participants plan the size of family they need, while maintaining a healthy status. Relative to primary care referral services:

- Fifty-eight percent of focus group participants indicated that they had success obtaining a referral for primary care services.
- Focus group participants do not all indicate an awareness of the availability of primary care referral services. Further, it appears that information about referrals to primary care is disseminated inconsistently across consumer locations.
- For focus group participants, access to primary care referrals is also uneven. Some participants who had received primary care referrals identified the waiting time to get services, and unaffordable service alternatives as barriers to obtaining referral services.

- The pattern of follow-up for primary care referrals varies among sites.
- Participants who received primary care referrals were generally satisfied with the referrals.
- For healthy participants, the annual physical examination at the family planning site seems adequate for them to maintain a healthy status; a few focus group participants with health care problems expressed concern about the lack of available and affordable primary care when they are referred to these services.

Based on the results of these focus group discussions, as well as our experience in conducting focus groups in North Carolina and elsewhere, we believe the focus groups achieved the desired objective and recommend their use, with some improvements as we note in the report, in upcoming Waiver year evaluations.

The report which follows describes the objectives of the focus group discussions, the methodology for selection of focus group participants, characteristics of focus group participations and the methodology for conducting the focus group sessions, findings and issues and potential solutions identified from the focus group process.

SECTION I: INTRODUCTION

Overview

The North Carolina Department of Health and Human Services (DHHS), Division of Medical Assistance (“Division”), contracted with Navigant Consulting, Inc. to provide an independent evaluation of the State’s Family Planning Waiver (“Waiver”), operationalized as the “Be Smart” program, to determine the extent to which the Waiver objectives have been met. The objectives of the Waiver are to:

- Increase the number of reproductive age women and men receiving either Title XIX or Title X funded family planning services by improving access to and use of Medicaid family planning services.
- Reduce the number of inadequately spaced pregnancies by women in the target group, thus improving the birth outcomes and health of these women.
- Reduce the number of unintended and unwanted pregnancies among women who are eligible for Medicaid.
- Impact positively the utilization of and “continuation rates” for contraceptive use among the target population.
- Increase the use of more effective methods of contraception (such as Depo-Provera, IUD and sterilization) in the target population.
- Decrease the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
- Estimate the overall savings in Medicaid spending attributable to providing family planning services to women and men through this demonstration project.

The evaluation plan approved by the Centers for Medicare and Medicaid Services (CMS) for the Family Planning Waiver includes a quality of care indicator to measure whether Waiver participants who lack a source of primary care at the time of enrollment in the Waiver will be referred to an appropriate source of primary care. The Waiver Evaluation Plan specifies the use of focus groups with participants who have been enrolled in the Waiver for at least six months to explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, the barriers that they may have encountered in the process and their satisfaction with the referral process.

SECTION II – METHODOLOGY

In this section, we describe the evaluation questions that the focus group process is intended to address, the process we used to identify focus group participants and obtain their participation, the characteristics of the participants in the focus groups and the focus group process.

Evaluation Objectives

The Family Planning Waiver sets forth the hypotheses to be tested to determine if the Waiver program meets the established objectives. The Waiver Evaluation Plan approved by CMS is designed to measure the overall impact of the Waiver. The overall evaluation includes a retrospective cohort study and a process evaluation. The retrospective cohort study involves secondary analyses of information routinely obtained at the State Center for Health Statistics as well as Medicaid claims data. The process evaluation includes a standard set of quality of care indicators. One of the specific process and quality indicators is represented as Hypothesis D.1.2.:

“Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of care: To evaluate the extent of participants’ follow-up on primary care referrals received from their family planning providers, we will report results from at least 4 focus groups held annually with enrollees participating in the program for at least 6 months. The composition of the focus groups will be based on the demographic and geographic distribution of enrollees. We will explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered in either process and their satisfaction with the referral process.”

Process Used to Identify Focus Group Participants and Obtain Their Participation

Through discussions with Division representatives and based on our experience in conducting focus groups for a previous Waiver evaluation for North Carolina as well as focus groups in other states, we determined the optimal approach to identifying potential focus group participants was to ask County providers to assist. We made this decision for a number of reasons:

- The County Health Departments are generally the largest providers of family planning services in the State. This meant that the County Health Department staff were very familiar with the Waiver and had access to the greatest number of participants in their counties.
- The County Health Departments have existing relationships with participants and understand the challenges that might be encountered in obtaining focus group participants. A representative of a County Health Department suggested that because of their existing relationship with participants, Health Department representatives would be the best initial contact to identify willing participants; other County Health Department representatives concurred. The County Health Departments also agreed to provide a venue for the focus groups because they had the space to hold meetings and the participants were familiar with the location.
- The County Health Departments also maintained the most accurate contact information about Waiver participants who had received services. Through discussions with the State and County Health Department staff, we determined that the County Health Departments would have the most up-to-date information about participant address and phone number. This was important for the County Health Departments to initiate interest in the focus group and for us to use that information to conduct reminder phone calls prior to the focus groups.

We recognized that there could be some potential issues related to bias in selection of focus group participants given the providers' roles in the notification of potential focus group participants. To reduce the chance of provider bias, we gave each County Health Department a list of eligible consumers who we had prescreened for eligibility. The universe of eligible consumers (from 40 eligible consumers from Pitt County to 350 from Wake County) for each focus group location was relatively small, and the likelihood of provider bias in the selection of focus group participants was minimized by the limited number of Waiver participants from whom to recruit.

We selected four County Health Departments to assist us in soliciting participation for the focus groups from the Waiver participants they serve. We selected these four Health Departments due to their geographically diverse locations throughout the State, as well as the comparatively large number of consumers who received services from them during Waiver Year One (October 1, 2005 to September 30, 2006). These Health Departments were Wake County Human Services, Pitt County Public Health Center, Catawba County Public Health and Guilford County Department of Public Health.

We selected each of these counties for the following reasons:

- Wake County – Large, urban county in the central region of the State, ranks first in the number of Waiver participants
- Pitt County – Relatively medium-sized county in the eastern region of the State, provides a mix of urban and rural and ranks 18th of 100 counties in the number of Waiver participants
- Catawba County – Similar in size and urban/rural mix as Pitt County, western region of the State and ranks fifth in terms of the number of Waiver participants
- Guilford County – Large, urban county in the central region of the State, ranks second in the number of Waiver participants

For the Year One evaluation focus groups, we were concerned with capturing focus group participation from different geographic areas of the State and we concentrated on the County Health Departments with the highest number of Waiver participants to improve our chances.

We had originally proposed to the Division that we would conduct three female focus groups and one male focus group for the Year One evaluation. (We determined it would be most appropriate to conduct separate male/female focus groups.) However, there was no single provider that served more than five male participants during Year One of the Waiver program and we would have had to work with numerous providers in a single county to identify a sufficient number of potential male focus group participants.¹ Given the amount of time needed to work with the providers to identify focus group participants, and based on our concerns that we complete the focus groups in a timely manner, for the Year One evaluation, we recommended that we would conduct focus groups with only females. The Division concurred with this recommendation. We plan to conduct a male focus group for the Year Two evaluation.

We initially chose a County Health Department from western, central and eastern North Carolina, and as we determined difficulty to obtain participation for an all male focus group, we added a fourth, large county, also from the central part of the State, to improve the likelihood that we could attract enough participants.

In addition, we wanted to include a provider type different from the County Health Departments. We received assistance from Planned Parenthood Health Systems Inc. of

¹ There were a total of 97 male waiver participants in Year One.

Wake County. Planned Parenthood of Wake County was willing to recruit participants to attend the focus group meeting at the Wake County Health Department. We presented our recommendations to the Division and Division representatives agreed with the selection of counties.

The Division provided us with a list of Medicaid ID numbers for Year One Waiver participants in the four counties we selected. We provided those Medicaid ID numbers to the County Health Departments so that the Health Departments could contact Be Smart participants to invite them to participate in the focus groups. The Health Departments matched the Medicaid IDs to the names of the Be Smart participants and verified that the service they provided to the individual was provided during Waiver Year One. The Health Department contacted the Be Smart participant to invite her to the focus group. We verified that the individuals registered met the qualifications of participation in the focus groups.

To be eligible to participate in the focus group, participants must have been eligible for the Waiver for at least six months and must have received a service in Waiver Year One (October 1, 2005 to September 30, 2006). Staff of the respective County Health Departments and Planned Parenthood Health Systems Inc. of Wake County placed the initial calls to eligible Be Smart enrollees to invite them to participate in the focus groups.² We offered consumers \$25 in cash if they participated in the focus groups, as well as food and refreshments during each of the focus groups. Each County Health Department had a goal of obtaining 25 verbal commitments from consumers to participate in the focus group, with the understanding that the number of actual participants would be lower due to a certain number of “no-shows” for each group. Wake County Human Services and Planned Parenthood collectively shared this goal. Combined, the four counties and Planned Parenthood were able to obtain 79 verbal commitments.

A week prior to the first focus group, Navigant Consulting made telephone calls to those consumers who had verbally committed to participate to remind them of the time, date and location of the focus group, as well as the \$25, food and refreshments that they would receive upon arrival.

Focus Group Participants

Of the 79 consumers who agreed to participate, 38 actually attended the focus groups. Table 1 on the following page details the number of focus group participants per county.

² Wake County Department of Human Services also distributed flyers to eligible consumers who came for their scheduled appointments beginning Wednesday, June 6 through June 16. Wake County Department of Human Services also placed a flyer in the clinic waiting room.

Table 1: Year One (2006) Family Planning Waiver Consumer Focus Groups Participation

| Date | Location | Number of Registered Participants | Number of Actual Participants |
|--------------|-----------------------------------------|-----------------------------------|-------------------------------|
| June 25 | Wake County Human Services ³ | 25 | 14 |
| June 26 | Pitt County Public Health Center | 12 | 7 |
| June 27 | Catawba County Public Health | 25 | 9 |
| June 28 | Guilford County Dept. Of Public Health | 17 | 8 |
| Total | | 79 | 38 |

The 38 women who participated in the focus groups varied in terms of racial backgrounds and ages. Table 2, on the next page, details the demographics of the focus group participants by focus group site.

As Table 2 demonstrates, the majority of the women overall participating in the focus group – 34 percent – were between the ages of 19 and 24. County-by-county, there was some variability in age. In Catawba, for example, the majority of women were between the ages of 35 and 39 and in Pitt County, the majority of women were between the ages of 25 and 29.

³ Number includes three verbal commitments from consumers at Planned Parenthood Health Systems Inc. of Wake County.

Table 2: Year One (2006) Family Planning Waiver Consumer Focus Group Age Distribution of Participants By County and Age of Participant

| Location | Number of Participants | Age 19-24 | Age 25-29 | Age 30-34 | Age 35-39 | Age 40-55 |
|-----------------------------------------|------------------------|------------|------------|------------|------------|-----------|
| Wake County Human Services ⁴ | 14 | 3 | 3 | 4 | 3 | 1 |
| Pitt County Public Health Center | 7 | 2 | 4 | 0 | 1 | 0 |
| Catawba County Public Health | 9 | 2 | 0 | 2 | 4 | 1 |
| Guilford County Dept. Of Public Health | 8 | 6 | 1 | 1 | 0 | 0 |
| Total | 38 | 13 | 8 | 7 | 8 | 2 |
| Percent of Total | 100% | 34% | 21% | 18% | 21% | 5% |

For comparison, we reviewed the distribution of age of enrollees statewide, in Table 3 below.⁵ The distribution of the ages of focus group participants was comparable to the statewide age distributions of enrollees.

Table 3: Age Distribution of Family Planning Enrollees

| Age Group | Percentage |
|--------------|-------------|
| Age 19-24 | 43% |
| Age 25-29 | 22% |
| Age 30-34 | 14% |
| Age 35-39 | 10% |
| Age 40-55 | 11% |
| Total | 100% |

⁴ Number includes three verbal commitments from consumers at Planned Parenthood Inc. in Wake County.

⁵ Enrollees are defined as individuals who qualify to receive family planning services through the waiver, but may or may not have had a service, i.e., "participated," during the first waiver year.

The majority of focus group participants were African American (61 percent) as shown in Table 4 below.

Table 4: Racial/Ethnic Background of Focus Group Participants ⁶

| Race/Ethnicity | Number | Percentage |
|-------------------|--------|------------|
| White | 9 | 24% |
| African American | 23 | 60% |
| Asian | 1 | 3% |
| Multi-racial | 1 | 3% |
| No identification | 4 | 10% |
| Total | 38 | 100% |

For comparison, we examined the racial/ethnic background of family planning Waiver enrollees across the State, as shown in Table 5 on the next page.⁷ We did not select focus group participants using a statistical, random sampling approach; we relied on the willingness of the enrollees to take part in the focus group. African Americans are the majority of enrollees in the Waiver (47 percent), at 60 percent the focus group participants overrepresented African Americans and underrepresented Whites. Since indicating race or ethnicity was optional for focus group participants, it is possible that this discrepancy is partly accounted for by those who chose not to indicate their race or ethnicity on the focus group sign-in sheet.

⁶ Focus Group participants were given the option of identifying racial/ethnic background on the sign-in sheets. For future focus groups we will provide choices for race and ethnicity for participants to select on the sign-in sheets and specifically include Spanish/Hispanic/Latino as an option to count this ethnicity.

⁷ Enrollees are defined as individuals who qualify to receive family planning services through the waiver, but may or may not have had a service, i.e., "participated," during the first waiver year.

Table 5: Racial/Ethnic Background of Family Planning Enrollees

| Race/Ethnicity | Percentage |
|--------------------|------------|
| White | 45% |
| African American | 47% |
| Asian ⁸ | 3% |
| No identification | 5% |
| Total | 100% |

Process Used to Conduct the Focus Groups

Because of the sensitivity of family planning as a topic for discussion in a large group, we believe there are inherent challenges to encouraging female consumers' attendance and active participation. The Navigant Consulting focus group leader took a number of steps to promote a degree of comfort:

- Used a standard script to assure participants of the protection of confidentiality and privacy; the focus group leader repeated these assurances throughout the proceedings
- Eliminated taping of the focus group session, a standard procedure used for most focus groups
- Used an individual sign-in sheet instead of a group sign-in sheet for focus group participants
- Secured the master list of registered individuals
- Sought the group's permission to allow a local health department staff to observe the proceedings (this took place at one location)
- Provided refreshments and beverages, as well as a stipend for attending, as discussed above

Because of the precautions regarding confidentiality taken with the female consumers, all four focus groups proceeded as planned, and participants were active and interactive with one another. Indeed, one of the most salient features of the focus group format for

⁸ The category for Asian includes Asian, Pacific Islander or Native Hawaiian, and American Indian or Alaska Native.

female consumers was the opportunity for the participants to learn from the experiences of others. By the end of each focus group, the Navigant Consulting focus group leader observed that the focus group participants continued their discussions outside the meeting room, evidencing an interest in further networking.

There are natural positive features of the focus group format for female consumers:

- Most of the enrolled consumers appeared comfortable in a face-to-face environment
- Participants have shared common experiences as either former Temporary Assistance for Needy Families (TANF) recipients or working poor ineligible for Medicaid
- A small group of young women had been children in the TANF program
- Participants seemed comfortable in sharing their own experiences with the Waiver program

SECTION III: FINDINGS

Below, we present our findings from the four focus groups. We describe findings related to each of the structured focus group questions and provide a summary of overall findings, with observations according to age and racial/ethnic background of the participants.

Responses to Structured Focus Group Questions

We developed a set of structured focus group questions with follow-up questions. Although the objective of the focus group was to assess referrals to primary care services, we also asked other questions about the Waiver program to develop a context for questions about primary care referrals. We provided this list of questions to the Division for its review. Based on Division staff suggestions, we made some revisions and the Division approved the final focus group questions. We have provided these questions in Appendix A.

We used these questions for all four focus groups; responses to and discussion related to each question are summarized below. To protect consumer and provider confidentiality, we have not provided a summary of responses by age, racial/ethnic background and geographic area.

1. Have enrollees indicated that they heard about Waiver services from one or more sources?

Most of the focus group participants reported that they received the information about Be Smart from a local health or public health department staff member, e.g., nurse or social worker. Many participants have also seen public bulletin notices posted at the local health or public health department. A small number of participants have heard of the program from their neighbor or friend.

The majority of the focus group participants indicated these common experiences:

- They were offered the family planning Waiver when they received news about their loss of Medicaid eligibility due to a change in income level.
- They were offered the family planning Waiver during an annual physical exam at the health/public health department.

The majority of focus group participants have been enrolled in the program for more than a year, with the shortest enrollment period being three months.⁹ Most participants

⁹ Although we attempted to identify only those individuals who had participated in Be Smart for at least 6 months, we identified through the focus group process two individuals who had not been enrolled for that length of time.

reported the enrollment process was relatively smooth, and, in many cases, the participant was enrolled on the same day that her eligibility was determined. Participants reported that the enrollment was easier when the staff responsible for enrollment also handled Medicaid eligibility, thus expediting the income verification process. Participants received some general information about the program, but no written brochures. Only one participant had seen the Be Smart pamphlet issued by the Division of Medical Assistance.

While the enrollment process was reasonably smooth, participants whose eligibility for Be Smart terminated reported problems with the disenrollment process when their income levels had changed. The termination was considered too abrupt without any transition, which they reported as necessary. This created certain hardships with the high cost of birth control medication and other pending medical procedures.

There were other areas of concern:

- Focus group participants were not generally aware of the need to recertify, and when they did not receive a renewed family planning Waiver card, they mistakenly assumed that they had been terminated. In fact, many of those who attended the focus group meeting were under the impression that they had lost their eligibility for Be Smart.
- The Be Smart eligibility card is the same color (blue) as the regular Medicaid card, leading some focus group participants to assume that they had Medicaid eligibility. In most cases they quickly discovered that this was not the case.
- Only one focus group participant was aware of the fact that men are also covered. Participants felt that insufficient communication and public education were responsible for this gap in outreach. In fact, at one focus group meeting, the entire group of participants indicated that they had no prior information about Be Smart being available to low-income men.

Many participants had other health care issues beyond family planning concerns, and the Waiver coverage, while limited, nevertheless provided a safety-net function. Several women who could not bear children indicated that they participated not for the family planning benefit, but for the benefit of receiving an annual check-up.¹⁰

Because the enrollment process and information disseminated seemed to vary from site to site, one striking finding is that at one location, all women reported that they had

¹⁰ One requirement for participation in the waiver is that the person is “not permanently sterilized.” We did not determine from these focus group participants whether their inability to bear children was a perception of their own condition or that they were permanently sterilized.

received no written information about services for which they might be eligible, and none about primary care referrals.¹¹

2. Are participant women less likely to be lost to follow-up?

Most of the focus group participants indicated that once enrolled in Be Smart, they received reminders about annual checkups and other related family planning visits. However, it was up to them to make the follow-up appointments. At one location, the participants reported that there were no reminders from the local health/public health department. Because Be Smart services may be the only health care services participants receive, motivation for follow-up is high.

A point of comparison would be focus group participants' experience before the Waiver. The majority of participants in the focus groups indicated that the Waiver allowed them to practice a basic health maintenance that would not have been available or affordable in the absence of Be Smart. However, a small number of the participants wondered about the viability of Waiver services, given the impression they have received from their local health/public health officials that they are "on their own" if their annual check-up or screening shows abnormality.

Family planning services require regular follow-up, e.g., continued use of certain contraceptives depends on medication renewal or periodic and regular visits to receive DepoProvera. Only IUD or voluntary sterilization does not require a follow-up, but annual check-up ensures continuation with the program. Only one focus group participant skipped a follow-up visit as a result of moving to a different apartment.

3. Are participant women more likely to report continuous use of a contraceptive method? Are participant women more likely to report use of a highly effective method of contraception?

The focus groups participants all reported use of a contraceptive method, with varying degree of success. Most complaints came from users of DepoProvera, who expressed concerns about weight gain or weight loss, prolonged bleeding and loss of calcium content (problems with bone density).

¹¹ The Division of Medical Assistance and the Division of Public Health tasks the local social services department with providing waiver applicants with a packet of materials that includes information on the local availability of primary care providers and explaining how to obtain family planning services and primary care services verbally to the applicant. Case managers are requested to note the exchange of information in the individual's file. It is possible that the focus group participants had difficulty recalling this detail of the enrollment process since it would have occurred more than 12 months prior to the focus group meeting.

4. Are there longer inter-pregnancy intervals among Waiver participants? Are there lower unintended pregnancies among Waiver participants?

Most focus group participants reported successful results from the Waiver program. The general sentiment is that family planning helps them plan the size of family they need, while maintaining a healthy status. Four participants out of the entire sample reported unplanned pregnancies while using contraceptives; one of them decided to undergo voluntary sterilization following unsuccessful use of other contraceptives, and the other three carried their pregnancies to full term, including one older woman who was delighted with the pregnancy, having had difficulty conceiving in the past.

Due to the insufficient enrollment time of the participants (i.e., participants were enrolled in the program a maximum of 12 months), they were not able to answer the question about interval between pregnancies. However, they indicated that prior to entering the Waiver program, they had experienced unplanned pregnancies.

5. What are Waiver participants' experiences in obtaining primary care referrals from family planning providers?

We noted inconsistencies in responses related to this question, however, responses ranged from a general unawareness of the referral services to good information with follow-up support. Fifty-eight percent (22 participants) of focus group participants reported that they received primary care referrals and 42 percent (16 participants) reported difficulties in obtaining a referral. Table 6 on the following page, shows the count of focus group participants who were able to obtain a primary care referral and who had difficulties obtaining a referral.

Many focus group participants were confused about the nature of the primary care referrals, given their varied individual experiences. Some were referred to local hospitals for services and then were billed a substantial amount which they had difficulty paying. Others obtained assistance in making an appointment with a primary care physician who was willing to see low-income consumers, or free clinics operated by religious and civic organizations. Others attempted to locate primary care services on their own or through their own network (e.g., friends, churches).

One of the interesting features of the focus group format is information exchange about primary care referrals. Within each group, many participants were learning for the first time what is available in primary care referrals. They also shared their own experiences, both positive and negative, with others.

Table 6: Count of Primary Care Referrals for Focus Group Participants

| | Total |
|---------------------------------------------------------------------------|-------|
| Focus Group Participants | 38 |
| Indicated Ability to Obtain Primary Care Referral | 22 |
| Indicated Difficulty in Obtaining Primary Care Referrals | 16 |
| Percent of Participants Who Had Success Obtaining a Primary Care Referral | 58% |

Generally speaking, focus group participants with primary care referrals were satisfied with the services, with the only concern about waiting time. In some of the urban ministry type of primary care organizations, two days out of a week are set aside for a free clinic. Some local hospitals also offer free clinic visits, but with limited time and allotments. Others reported favorable experiences with walk-in clinics where no appointments are needed, but the treating physician does not take any Medicaid or insurance coverage (to reduce paper work burden) and allows patients to pay based on financial ability. In one focus group, members shared their frustration in not being able to find suitable primary care alternatives for services not covered by the local health/public health agency.

The focus group participants were unanimous in their suggestion that the information about the primary care referrals should be part of their enrollment packet. During each focus group, the Navigant Consulting focus group leader distributed a state-issued brochure, "Be Smart. Be Ready." All participants indicated that it was the first time they saw the brochure, although some of the information contained had been shared with them by the local health/public health department official.

6. How successfully do Waiver participants follow up on primary care referrals obtained from family planning providers?

The focus group participants indicated that they wasted no time in following up on primary care referrals because at the time of the referral, they needed medical attention. Only one participant had the referral information without using it, explaining that she was saving it for future reference.

The pattern of follow-up varies among focus group participants at the different sites. For those participants who received referrals, some local health/public health departments make the referral on behalf of the Waiver participant; others leave it to the

participants to make the referral. The former appeared to have the higher compliance rate, however, given the need for these primary care referrals, participants in the focus group did not see follow-up as a problem. They generally contacted the primary care referral within a week, if not on the same day.

7. What are the barriers faced by Waiver participants in obtaining primary care referrals from family planning providers?

Focus group participants reported that the selection of primary care providers is rather limited. The participants were given one or, at the most, two referrals to contact. They explained that this was the result of the small number of primary care physicians who are willing to treat the low-income women. At one location, primary care referrals were never provided to the participants in the focus group. During the focus group discussions, the participants were queried about their use of emergency room or urgent care. More than 80 percent of the women have made use of these services when in need.

Another barrier is related to the lack of affordable treatment once problems are discovered during an annual check-up or OB/GYN screening. Many participants stated that this might hamper their compliance with regular check-ups: "What is the point of getting screening if you can do nothing about treating the problems identified?"

8. What is the level of satisfaction of Waiver participants in obtaining primary care referrals from family planning providers?

Other than the limited number of available primary care referrals that are affordable to the focus group participants, once the access is assured and the payment is affordable, the participants were generally satisfied with the services. One recurring concern is the waiting period; some primary referrals would take a long time to schedule.

Summary of Findings

This first set of focus groups yielded some valuable information about the individual and collective experiences of Be Smart participants, and demonstrates that a focus group format can be a viable means for collecting data to answer evaluation questions.

As reported above, most focus group participants reported successful results from the Waiver program. In addition, most participants in the Waiver were satisfied with their primary care once the referrals were successfully made. In addition, the general sentiment is that family planning helps participants plan the size of the family they want, while maintaining a healthy status.

Below, we summarize the major findings related to primary care referral services.

- **Slightly less than 60 percent of focus group participants indicated that they were successful at obtaining a referral for primary care services.**

The results varied by county for focus group participants who were successful at obtaining a primary care referral. We will collect data for this statistic at subsequent Waiver year focus groups and will comment on the trend of difficulty obtaining referrals for primary care services over the life of the Waiver.

- **Focus group participants do not all indicate an awareness of the availability of primary care referral services. Further, it appears that information about referrals to primary care is disseminated inconsistently across consumer locations.**

Some focus group participants were generally unaware of the primary care referral services; others were aware and indicated that they received support with follow-up. Some participants were learning for the first time in the focus group about what is available in primary care referrals. However, the majority of participants were actively involved in seeking primary care for themselves and others, and there was a strong element of self-help and mutual-help in their approach to health care.

Many focus group participants, however, were confused about the nature of the primary care referrals, given their varied individual experiences. Some obtained assistance in making an appointment with a primary care physician willing to see low-income consumers, or free clinics operated by religious and civic organizations. Others attempted to locate primary care services on their own or through their own network (friends, churches).

During each focus group, the Navigant Consulting focus group leader distributed a state-issued brochure, “Be Smart. Be Ready.” All participants indicated that it was the first time they saw the brochure, although some of the information contained in those brochures had been shared with them by the local health/public health department official. In one location, the local health department official indicated that the information contained in the state-issued brochure had been incorporated in the local user’s manual.

The participants were unanimous in their suggestion that information about the primary care referrals should be part of their enrollment packet.

- **For focus group members, access to primary care referrals is also uneven. Some participants who had received primary care referrals identified the waiting time to get services, and unaffordable service alternatives as barriers to obtaining referral services.**

Many focus group participants indicated that they were able to access services from some of the urban ministry type of primary care organizations, where two days out of a week are set aside for a free clinic. A number of participants also reported that some local hospitals also offer free clinic visits, but with limited time and allotments. Other participants reported favorable experiences with walk-in clinics where no appointments are needed, but the treating physician does not take any Medicaid or insurance coverage (to reduce paper work burden) and allows patients to pay based on financial ability. Several participants in one group shared their frustration in not being able to find suitable primary care alternatives for services not covered by the local health/public health agency.

The majority of focus group participants reported that the selection of primary care providers is rather limited. The participants were given one, or at the most, two referrals to contact. They explained that this was the result of the paucity of primary care physicians who are willing to treat the low-income women.

- **The pattern of follow-up for primary care referrals varies among sites.**

Some local health/public health departments make the referral on behalf of the focus group participant; others leave it to the participants to make the referral. The former appeared to have the higher compliance rate, however, given the need for these primary care referrals, participants in the focus group did not see follow-up as a problem. They generally contacted the primary care referral within a week, if not the same day. The participants

indicated that they wasted no time in following up on primary care referrals because at the time of the referral, they needed medical attention. Only one participant had the referral information without using it, explaining that she was saving it for future reference.

- **Participants who received primary care referrals were generally satisfied with the referrals.**

One recurring concern (in addition to the financial barriers described above) is the waiting period; some primary referrals took long time to schedule. However, most of the focus group participants were satisfied with the quality of services they received from the primary care referrals; they usually returned to the same primary care referrals for follow-up treatment.

- **For healthy focus group participants, the annual physical examination at the family planning site seems adequate for them to maintain a healthy status; a few with health care problems are concerned about the lack of available and affordable primary care.**

It is important to view the access to primary care referral in the context of the health status of the participants. For the most part, the participants have reported general good health, and an annual physical check-up seems sufficient to meet their needs. A limited number of the participants reported that they do suffer other health ailments that require timely referrals to primary care, and for this group, the Waiver program could do more to improve their access to services.

- **It is significant that responses to Focus Group Questions varied according to the age and racial/ethnic background of the participants in a number of ways.**

The older focus group participants (36 to 45 age group) are more positive about the Be Smart program, viewing as a significant benefit access to family planning. One woman, for example, through the assistance of the family planning program, was able to achieve her family planning goal when all previous efforts had failed; another woman was able to conceive after many years of unsuccessful attempts. The youngest focus group participants (19 to 25 age group) are more vocal about their concerns about access to primary care services. More African American participants than other racial/ethnic groups have expressed their concerns about the lack of affordable primary care referrals; this may be a reflection of the more than majority (61 percent) of their representation in the sample.

SECTION IV: LESSONS LEARNED AND RECOMMENDATIONS FOR IMPROVING THE FOCUS GROUP APPROACH

In this section, we have identified a number of “lessons learned” about the focus group approach and recommendations related to improving the approach for Years 2 – 5 of the Waiver evaluation. We also discuss approaches other States have used for evaluating primary care referrals in family planning waivers and focus group approaches used by States in the evaluation of waiver programs.

Focus Group Logistical Issues and Potential Solutions and Challenges for Subsequent Year Focus Groups

There were a few logistical issues that presented challenges during the first year focus groups and that may present challenges to us as we conduct focus groups for the remaining four years of the Waiver evaluation period. In Table 7 below, we list and describe the issue and potential solutions to resolve these issues, as well as additional challenges in conducting the Waiver Year Two focus groups.

Table 7: Focus Group Issues and Potential Solutions/Additional Challenges

| Issue | Description | Potential Solutions/Additional Challenges for Year Two Focus Groups |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lag time between the Waiver year under evaluation and the focus group | We conducted the first four focus groups to evaluate the performance of the Waiver performed during its first year of operation (October 1, 2005 to September 30, 2006). Because of the delay in awarding the contract for the Waiver evaluation, the focus groups were conducted nearly nine months after the end of the Waiver’s first year. Such a lag time may have made it more difficult to obtain focus group participants because some may have moved and/or had their telephone number may have changed. Additionally, such a lag time may have made it more difficult for the focus group participants to remember important details about the services they received in the first year of the program. | We propose to begin identifying participants for the focus groups in September 2007, and conduct these focus groups in November. Therefore, we hope that it will be easier to locate individuals who participated in Waiver Year Two. In addition, consumers may be more able to remember their experiences under the second year of the Waiver program (although none of the focus group participants indicated that they were unable to remember their experiences from Waiver Year One). |

| Issue | Description | Potential Solutions/Additional Challenges for Year Two Focus Groups |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Selection of focus group participants required significant provider participation, creating potential “independence” issues and requiring cooperation from providers</p> | <p>We selected five providers to assist us in soliciting participation for the focus groups from the consumers they serve based on the providers’ geographic location in the State, as well as, the large number of consumers who received services at these provider locations.</p> <p>Because of the established relationship between the providers and the consumers they serve, they were able to efficiently attract focus group participants. However, it could be suggested that providers are somehow biased in their selection of potential consumers to participate.</p> <p>As discussed in the report, however, there were a relatively small number of participants for providers from which to select. In addition, participants appeared to provide open and free communication about their experiences.</p> <p>Providers were diligent in their willingness to assist in identifying focus group participants and assisting with meeting logistics.</p> | <p>We believe that provider assistance is essential to efficiently obtain participants for future focus groups. Lack of such assistance may impede the number of consumers willing to participate and would require Navigant Consulting to make the initial contact with an increased number of prospective participants to obtain the same level of attendance. The providers that participated in this year’s focus group indicated that initial contact with consumers by Navigant Consulting would not be appropriate and the Division agreed to these arrangements.</p> <p>It appeared to the Navigant Consulting focus group leader that participants were willing and eager to identify both benefits and issues associated with Be Smart, i.e., independence does not appear to have been compromised.</p> <p>We selected four large Health Department providers and one Planned Parenthood provider for the first year focus groups, and propose to select from different geographic areas in the next year. Since the number of Be Smart enrollees is not as concentrated in other geographic areas, we may need to enlist the support of a growing number of providers in the upcoming evaluation years.</p> |
| <p>Difficulties for consumers in attending focus groups</p> | <p>Some consumers experienced difficulties in attending the focus group meetings, due to factors such as transportation to the meeting site and lack of child care. Those who attended the meetings indicated that they had been able to rely on relatives (in some cases their husbands or partners) to baby-sit while they attended the focus group meetings.</p> | <p>We have identified a number of steps we can take to encourage participation in focus groups:</p> <ul style="list-style-type: none"> • We propose to obtain commitments from a higher number of participants in subsequent years to gain higher participation. • We propose to hold some focus group meetings at a time more convenient for the Be Smart participants – we found, for example, that the mid-day session seemed to generate more attendants in Wake and Guilford counties, for example, because consumers can come |

| Issue | Description | Potential Solutions/Additional Challenges for Year Two Focus Groups |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <p>during lunch time and the refreshments are adequate for lunch.</p> <ul style="list-style-type: none"> • We propose to identify additional means for reminding the consumers about the focus group, for example, postcard reminders in addition to or in place of telephone reminders. • We propose to consider reimbursing for transportation in addition to/in lieu of part of the attendance stipend. |
| Lack of male participation in focus groups | As discussed earlier, we did not include males in the focus groups for the first evaluation year because there was an insufficient concentration of males who had received Waiver services in Year One from which to select. | <p>For the Year Two focus groups, we will likely have to contact multiple providers in multiple counties to gather enough participants. An alternative would be to conduct a mail survey to gather information from male participants.</p> <p>We recognize that concerns about potential retribution for problems with child support payments could be an additional barrier to overcome for the male Be Smart enrollees.</p> |
| Focus group participants may over/under-represent age groups and race/ethnic background | The makeup of focus group participants did not represent exactly the age or race/ethnic background distribution of Be Smart enrollees. Our objective in the Year One review was to secure as many individuals as possible for focus group participation. | We do not recommend random sampling of potential focus group participants because such an approach may not yield the desired number of focus group participants within the areas of the State that focus groups will be held. We will, however, provide a list of participants to providers with a list of priority individuals to achieve as much representativeness as possible. |

We also believe that the Year Two focus groups will likely be comprised of individuals with more experience in the Waiver program.

In addition, we expect to see that the results of the activities the Division has taken over the past year to improve outreach about the availability of referral to primary care services. These activities include:

- Distributing outreach materials to local providers

- Training social service staff and provider staff members on the Family Planning Waiver
- Presenting information about the Family Planning Waiver at multiple conferences and exhibitions
- Distributing a recruitment plan to local health care providers
- Developing and distributing a Provider Fact Sheet for local health care providers that gives a general overview of the Family Planning Waiver

Other States' Evaluation Approaches

We contacted staff at other states that also operate family planning 1115 waivers to understand the other approaches to gathering information from Waiver participants. Of the southeastern states which were the focus of our searches, we could find no state that relied on focus groups to gather information from Waiver participants. Two states, Arkansas and South Carolina, used or are planning to use phone surveys, as follows:

- Arkansas, as part of its waiver renewal, plans to conduct a telephone survey with a random sample of waiver clients to assess their experience with receiving and following up with referrals. Outside of the requirements of their waiver evaluations, the Arkansas evaluator partnered with the evaluator in Alabama to conduct a mail survey of family planning providers in both states to determine their referral practices. They followed-up the mail survey with a telephone survey of a sample of clients of providers who responded to the provider mail survey to assess their experience with receiving and following-up with referrals.
- A South Carolina representative stated that the State did not have much success with focus groups in the past, particularly for the population of women of reproductive age enrolled in Medicaid. As part of the waiver renewal application, South Carolina is proposing, beginning in 2008, to evaluate referral to primary care via a telephone survey.

Navigant Consulting recently completed an evaluation of North Carolina's mental health waiver project. As part of that project, we also conducted focus groups. We also recently conducted a series of focus groups in Texas to obtain information about the organization and delivery of case management services across that states' health and human services programs, and our consultants have led numerous other focus groups for various state agencies. From those experiences, we identified a number of "best practices" that we used to conduct the Be Smart focus groups.

These included:

- Obtaining assistance from providers and others who regularly came into contact with focus group participants in enrolling participants
- Providing financial incentives for participation
- Conducting focus groups at sites, that are for the most part, familiar to focus group participants
- Assuring confidentiality of focus group participants
- Achieving desired participation rates in focus groups, which encourages lively and thoughtful discussion

In addition, with the improvements we note above in Table 7, we believe that the focus groups will continue to provide valuable information to support the Waiver evaluation and program improvements as the Waiver continues. We recommend that focus groups continue to serve as the tool for collecting Be Smart participants' comments regarding referrals for primary care services.

Appendix A: Focus Group Questions

Research and Sample Questions for Consumer Focus Groups for the “Be Smart” Family Planning Program

In the table beginning on page 3 we provide the types of questions we identify below.

- **Primary Research Questions (1-8).** These questions contribute to the framework of our evaluation of the programmatic impact of as well as the quality of care provided in the first year of the North Carolina Family Planning Waiver. We will be trying to answer these questions using the consumer focus groups.
- **Questions for Waiver Participant Focus Groups.** These questions will help us to elicit responses from participants to each of the Primary Questions. The intent is for the focus group facilitator to use these questions to help to further frame the conversation around the discussion topic.
- **Additional Questions for Discussion.** We have also provided additional questions that may facilitate more in-depth focus group discussions. These questions may also help to further frame the conversation around the discussion topic, but may not be asked of the focus group participants.

To help the focus group attendees understand the content of the focus group questions we have outlined above, below we have provided some definitions for words or terms used that the focus group facilitator will review with focus group participants prior to the discussion:

- **“Be Smart” Family Planning Program** - The “Be Smart” Family Planning Program is a Medicaid program run by the North Carolina Department of Health and Human Services. The goal of the Family Planning Waiver Program is to increase the number of persons receiving family planning services, decrease the number of unplanned pregnancies and improve the health and well-being of children and families in North Carolina.
- **Eligibility Process** - This refers to the process of determining whether or not a consumer is eligible to participate in the “Be Smart” Family Planning Program. This requires the consumer to fill out an application for the program and, based on information in the application, the State will determine whether or not the consumer meets the requirements for the program, including financial requirements, age requirements, etc.
- **Initial Exam** - For purposes of this focus group, an initial exam has the same meaning as an annual (or yearly) exam. An initial exam is the first annual exam a consumer received upon entry into the program.

Appendix A: Focus Group Questions

- **Primary Care Provider (PCP)** – A PCP is responsible for meeting basic health care needs and referring patients to other doctors for more specialized issues and conditions. When a condition is present that is not generally treated by the family planning provider, the family planning provider will provide the patient with a referral to the primary care provider. (This will occur only if the provider does not offer free or affordable care.)
- **Primary Care Referral** - When a family planning provider determines that a consumer may have a medical condition/issue that is not covered by the family planning program, the family planning provider should refer the consumer to a primary care provider for treatment of the condition/issue. (This will occur only if the provider does not offer free or affordable care.)

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Are there increased percentages of enrollees indicating that they heard about Waiver services from one or more sources? (RFP Attachment O, D.1) | <ol style="list-style-type: none"> 1. How did you find out about the “Be Smart” Family Planning Program? Did you hear about the program from more than one source? 2. Did the information you heard/read encourage you to seek services? Please explain. If not, what made you decide to seek services? 3. Was the eligibility process for the “Be Smart” Family Planning Program easy or difficult? Please explain. 4. How long have you been enrolled in the “Be Smart” Family Planning Program? | <ul style="list-style-type: none"> • Were you aware that you had/have health care issues unrelated to family planning? • Did you seek services just for family planning, or for other health care concerns as well? • Are you aware of what services are covered under the Family Planning Program? • Were you aware of the kinds of services available through the Family Planning Program before enrolling? Or did you find out after you had enrolled? |
| 2. | Are participant women less likely to be lost to follow up? (RFP, Attachment O, C.1.4) | <ol style="list-style-type: none"> 1. Did you receive an initial (yearly) examination when you first enrolled in the “Be Smart” Family Planning Program? 2. After receiving an initial (yearly) exam, have you returned to meet with your provider for services provided under the Family Planning Program? <ul style="list-style-type: none"> ➤ If yes, are these annual (yearly) or periodic (follow-up) visits? Or both? ➤ If periodic (follow-up) visits, how many times per year do you return to see your family planning provider? For what purpose are you visiting the provider? | |

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
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| 3. | <p>Are participant women more likely to report continuous use of a contraceptive method? (RFP Attachment O, C.1.5)</p> <p>Are participant women more likely to report use of a highly effective method of contraception? (RFP Attachment O, C.1.6)</p> | <p>2. Do you use birth control?</p> <ul style="list-style-type: none"> ➤ If yes, do you use birth control as a result of joining the Family Planning Program? ➤ If no, why not? ➤ How often do you refill your birth control supplies? <p>3. What kind of birth control do you use (i.e., IUD, 12-month of pill use, DepoProvera)?</p> <ul style="list-style-type: none"> ➤ Is the birth control method you use one you use all the time? Or are there months that you don't use it or times during the month that you do not use it (i.e., not taking the pill every day)? ➤ Did you use the same type of birth control prior to enrolling in the Family Planning Program? If no, what did you use? ➤ How did you decide on the kind of birth control to use? | <ul style="list-style-type: none"> • Were you given choices on what kind of birth control to use? |
| 4. | <p>Are there longer inter-pregnancy intervals among Waiver participants? (RFP Attachment O, C.2.1)</p> <p>Are there lower unintended pregnancies among Waiver participants? (RFP Attachment O, C.2.2)</p> | <p>1. Have you had more than one pregnancy in your lifetime?</p> <ul style="list-style-type: none"> ➤ How long after the birth of your first child was it before you became pregnant again? (i.e., 6 months, 1 year) If you have had more than two children was the time between when you had your first child and your second child about | |

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
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| | | <p>the same as the time between the birth of your second child and third child, and so on?</p> <ul style="list-style-type: none"> ➤ Has this amount of time between pregnancies changed since enrolling in the Family Planning Program? For example, are you waiting more time in between pregnancies to have another child? If yes, how much time are you waiting? ➤ Have you had fewer pregnancies/ children since enrolling in the Family Planning Program? <p>2. Were any of your pregnancies unplanned – i.e., you were surprised to find out that you were pregnant?</p> <ul style="list-style-type: none"> ➤ How many unplanned pregnancies have you had? ➤ Have you had an unplanned pregnancy since enrolling in the Family Planning Program? ➤ Have you had more or fewer unplanned pregnancies since joining the Family Planning Program? | |
| 5. | What are Waiver participants' experiences in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2) | <p>1. Do you know what a primary care referral is and why you may need one? (<i>Facilitator may need to define what a referral is.</i>)</p> <p>2. Has your family planning provider (e.g. doctor, nurse midwife) ever given you a "referral" to see a primary care provider? Or do you already have a primary care provider that you see when you need to?</p> | <ul style="list-style-type: none"> • Did your family planning provider (e.g. doctor, nurse midwife) explain why he/she was not able to treat you? • Have you been satisfied with the services you have received through the Family Planning Program? If not, why? |

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | | <p>3. Have you been told by your family planning provider (e.g. doctor, nurse midwife) that you need to see a primary care provider for treatment of a particular condition that you might have? Or has your family planning provider (e.g. doctor, nurse midwife) been able to offer you free or affordable care to treat your particular condition?</p> <p>4. Did you have to ask your family planning provider (e.g. doctor, nurse midwife) for a referral to see a primary care provider, or did he/she offer to give you a referral without you asking?</p> <p>5. If you received a referral from your family planning provider (e.g. doctor, nurse midwife), do you understand why your family planning provider gave you the referral?</p> <ul style="list-style-type: none"> ➤ Did the family care provider (e.g. doctor, nurse midwife) give you a list of primary care providers for you to select from? ➤ Did this list include the names and phone numbers to call? ➤ Did the list include the names of free or low cost clinics? | |
| 6. | How successfully do Waiver participants follow up on primary care referrals obtained from family planning providers? (RFP Attachment O, D.2) | <p>1. After receiving a primary care referral from your family planning provider (e.g. doctor, nurse midwife), did you make an appointment to see the primary care provider?</p> <p>2. If you did not make an appointment to see a</p> | |

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
|-----|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | | <p>primary care provider, why not?</p> <ul style="list-style-type: none"> ➤ What happened? ➤ What problems were encountered? ➤ What are the effects of your not going to see the primary care provider? <p>3. If you made an appointment to see the primary care provider, did you keep the appointment and actually visit the primary care provider? If not, why not?</p> <ul style="list-style-type: none"> ➤ What problems were encountered? ➤ What are the effects of your not going to see the primary care provider? <p>4. If the cost of going to see a primary care provider was too much for you (or there were other issues, i.e., lack of transportation or child care) did you explain this to your family planning provider (e.g. doctor, nurse midwife)?</p> <ul style="list-style-type: none"> ➤ If yes, how did your provider respond? ➤ If no, why not? | |

Appendix A: Focus Group Questions

| No. | Primary Research Question | Questions for Waiver Participant Focus Groups | Additional Questions for Discussion |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | What are the barriers faced by Waiver participants in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2) | <ol style="list-style-type: none"> 1. If you did not receive a primary care referral from your family planning provider, why do you think you did not receive a referral? 2. Is the family planning provider (e.g. doctor, nurse midwife) unaware of other health care issues you may have? 3. Has your family planning provider (e.g. doctor, nurse midwife) ever given you a referral to another health care provider for medical care, but not to a provider that was right for you? For example, you have limited funds and would need to go to a free clinic or low cost provider and this type of referral was not provided to you? Or perhaps you wanted to see a female provider and you were given a referral to a male provider? | <ul style="list-style-type: none"> • Did the family planning provider (e.g. doctor, nurse midwife) ask you about any other health care issues you might have? • Do you believe that the barriers you might have experienced in obtaining a referral are typical of what is occurring to all consumers or are these barriers only specific to your situation? |
| 8. | What is the level of satisfaction of Waiver participants in obtaining primary care referrals from family planning providers? (RFP Attachment O, D.2) | <ol style="list-style-type: none"> 1. Were you satisfied with your experience getting a referral to see a primary care provider for your treatment? <ul style="list-style-type: none"> ➤ What factor(s) contributes the most to your satisfaction or lack of satisfaction with your experience receiving referrals? ➤ What would you change to make the experience better? | <ul style="list-style-type: none"> • Did the referral help you get the treatment you needed? |

APPENDIX D

**NORTH CAROLINA FAMILY PLANNING
WAIVER BASELINE YEAR FERTILITY RATE
REPORT**

**North Carolina Department of Health and
Human Services**
Division of Medical Assistance

*North Carolina Family Planning Waiver
Baseline Year Fertility Rate Report*

July 2007

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NAVIGANT
CONSULTING

North Carolina Department of Health and Human Services
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Summary

The State of North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) contracted with Navigant Consulting, Inc. to evaluate the State's 1115 Demonstration Family Planning Waiver, Be Smart Family Planning. A key component of the evaluation is estimating whether the Waiver is budget-neutral, i.e., whether the costs of the Waiver's family planning services are offset by the reduction in the costs of health care services for the Waiver participants. Budget-neutrality is determined by a formula that compares the reduced costs for health care services associated with a reduced fertility rate among Waiver participants, relative to a baseline fertility rate prior to the Waiver, against the increased costs for family planning services to Waiver participants.

The baseline fertility rate for potential Waiver participants in the budget-neutrality formula must be calculated from public survey data about women in North Carolina and from the State's Medicaid Management Information System (MMIS) claims data for all Medicaid participants.¹ The baseline fertility rate cannot be calculated from data about the specific women who would have been potentially eligible, enrolled, or participated in the Waiver during the baseline year, as these women cannot be identified prior to the year that the Waiver began.

In this report, we present our calculation of the baseline fertility rate with age categorizations. The baseline fertility rate is calculated as the estimated number of births per 1,000 women who would have participated in the Waiver program in North Carolina if the Waiver program had been operating during calendar year 2003:

$$\text{Baseline fertility rate} = \frac{\text{Number of births to "participating women" in NC in 2003}}{\text{Number of "participating women" in NC in 2003}} * 1,000$$

We calculated the baseline fertility rate for all women below 185 percent of the Federal poverty level (FPL). Table 1 shows the results of the baseline fertility rate calculation. As required in the evaluation plan for the waiver, we present the fertility rates in age groups.

¹ An example of public survey data is the decennial census. We use other public survey data from the U.S. Bureau of the Census that are sample surveys conducted in the years between the censuses.

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Table 1: Baseline Fertility Rate

| Measure | Ages 19 - 24 | Ages 25 - 29 | Ages 30 - 34 | Ages 35 - 39 | Ages 40 - 55 | Ages 19 - 55 |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Baseline Fertility Rate | 154.8 | 157.9 | 61.2 | 31.1 | 3.31 | 78.1 |

The baseline fertility rate for the 19-55 age group means that approximately seventy eight women out of every one thousand women in this age group and below 185 percent of the Federal Poverty Level had a live birth in 2003. Women in younger age groups tend to have a higher fertility rate.

We reviewed our estimates for reasonableness using a variety of sources and concluded that the results of the calculation are reasonable.

In the sections that follow, we present:

- A program overview
- Steps for determining the numerator and denominator of the baseline fertility rate
- Calculation of the baseline fertility rate
- Steps to assess the reasonableness of the baseline fertility rate

Program Overview

Beginning October 1, 2005, North Carolina DMA began enrolling women and men into the Be Smart Family Planning Waiver. The waiver increased the income level for family planning services for women and men to 185 percent of the FPL, for women ages 19-55 and men ages 19-60. The reasoning behind using this income level stems from the state's Medicaid program for pregnant women, which has an increased income limit of 185 percent of the FPL for pregnant women, compared to 45 percent of the FPL for non-pregnant women. Once a woman gives birth and has her post-partum check-up, generally within two months from giving birth, a North Carolina woman is no longer eligible for Medicaid if her income is above 45 percent of the FPL.

According to academic studies, lack of availability of family planning services for women with and without a previous pregnancy has caused an increase of inadequately

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spaced, unwanted and unintended pregnancies.² These types of pregnancies contribute to an increased fertility rate in the state, and in particular they have resulted in higher costs to Medicaid for deliveries and care for the child through the first year of life.

Men ages 19-60 with income below 185 percent of the FPL are also included in this demonstration, since North Carolina has had limited resources in the past to provide vasectomies or other family planning services to men. By extending the family planning waiver services to include men, DMA expects that an increase of vasectomies will also lead to fewer unwanted, unintended and inadequately spaced pregnancies. This in turn should lead to a lower fertility rate, and thus, less Medicaid dollars spent for the births and care of these children.

The measurement of fertility rates is a requirement of the evaluation of this waiver, given that fertility rate reduction was a driving force in the granting of this waiver by CMS. To determine if the demonstration has an effect on the fertility rates, it is necessary to calculate a base year fertility rate to be used for comparison. This report reviews the data sources and calculations of the baseline fertility rate to be used throughout the evaluation of the demonstration waiver period.

Baseline Fertility Rate Calculation

In this section we describe the data sources we use for the numerator and denominator to calculate the baseline fertility rate.

Baseline Fertility Numerator

For the numerator of the baseline fertility rate, we gathered data on the number of births to women below 185 percent of the FPL in North Carolina.

The North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics (SCHS) provided birth certificate data to count the number of births in North Carolina for the 2003 calendar year. This data provides the number of births to women below 185 percent of the FPL.³ This number of births includes those paid by Medicaid for the mother's health care services, the child's health care services, or both. Some women below 185 percent of the FPL may not be eligible for Medicaid payment for their health care services even while their children are eligible.

² For a study about North Carolina, see Forrest, JD and Frost, J. "The Family Planning Attitudes and Experiences of Low-Income Women", *Family Planning Perspectives*, 36(6):246-277, November/December 1996.

³ The birth certificate data includes twins and higher-order births in deliveries, and it does not include fetal deaths in deliveries.

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This more inclusive criterion for both mother and child is intended to include all births to women below 185 percent of the FPL. Similarly, as described in the next section, the denominator is for all women described below 185 percent of the FPL regardless of their Medicaid participation.

Table 2 shows our estimate of the number of births to women below 185 percent of the FPL by age category:

Table 2: Baseline Fertility Numerator

| Measure | Ages | Ages | Ages | Ages | Ages | Ages |
|---------------------------------------------------------------------|---------|---------|---------|---------|---------|---------|
| | 19 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 55 | 19 - 55 |
| Number of Births to Women Below 185 percent of the FPL in NC | 27,222 | 13,529 | 7,067 | 2,835 | 624 | 51,277 |

SCHS maintains a database, named BabyLove, which contains records of all births in the state of North Carolina. Deliveries in a calendar year trigger a child to be included in the database, and at the end of the calendar year, a child is then linked to its mother in the database. This linked file containing the mother and child is then linked to the state's MMIS claims data to obtain the claims for the deliveries and child's first year of life.

The data that SCHS extracted from BabyLove contains records for deliveries either with the newborn's charges paid by Medicaid or with a mother's charges paid by Medicaid, or with both types of charges paid by Medicaid. We included all deliveries with any type of charges paid by Medicaid in order to count deliveries to women below 185 percent. Our rationale for this inclusion is that for a mother to have a Medicaid-covered delivery, she must be below 185 percent of the FPL, which is also true for newborn charges to be paid for by Medicaid.

Baseline Fertility Denominator

For the denominator of the baseline fertility rate, we gathered data on the number of women below 185 percent of the FPL in North Carolina.

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The denominator used for the estimated baseline fertility rate was obtained through DataFerret. DataFerret is a data mining and extraction tool available through the U.S. Census Bureau to query data sources including the Current Population Surveys. We used the Current Population Survey to calculate the baseline fertility denominators.⁴ Table 3 shows our estimate of the number of women below 185 percent of the FPL by age category:

Table 3: Baseline Fertility Denominator

| Measure | Ages 19 - 24 | Ages 25 - 29 | Ages 30 - 34 | Ages 35 - 39 | Ages 40 - 55 | Ages 19 - 55 |
|-------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Number of Women Below 185 percent of the FPL in NC | 175,889 | 85,670 | 115,427 | 91,131 | 188,245 | 656,362 |

Baseline Fertility Rate

A fertility rate is equal to the ratio of the numerator divided by the denominator, times 1,000 to express the ratio as a rate per 1,000 women.

Table 4 shows the calculated fertility rate for the defined population of women in North Carolina in 2003. This is the baseline fertility rate for the Waiver.

Table 4: Baseline Fertility Rate

| Measure | Ages 19 - 24 | Ages 25 - 29 | Ages 30 - 34 | Ages 35 - 39 | Ages 40 - 55 | Ages 19 - 55 |
|--------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Fertility Rate For Women Below 185 percent of the FPL in NC | 154.8 | 157.9 | 61.2 | 31.1 | 3.31 | 78.1 |

⁴ The December 2003 CPS Food Security Supplement was used to determine the number of women below 185 percent of the FPL. The December 2003 Food Security Supplement variable HRPOOR (Household income relative to 185 percent poverty) was set to '1' to include the population below 185 percent poverty. The CPS Basic geography census state code, CPS GESTCEN, was set to 56 for North Carolina, the gender variable, PESEX was set to 2 for female, and the age variable, PRTAGE, was adjusted to include ages 19 – 55.

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In the course of preparing this calculation for North Carolina, we also conducted research on the data sources used to calculate the baseline fertility rates for the evaluation of Waiver programs in other States. The data sources that we used are similar to those used for evaluations in California, Oregon and Arkansas. An evaluation of Medicaid family planning demonstrations noted:

“For California, Oregon, and Arkansas, we used the count of all Medicaid-covered deliveries, either because the eligibility categories for maternity services did not match exactly to eligibility for the demonstration . . . or because the birth data were not available by Medicaid eligibility status.”⁵

An assumption in our calculation of the baseline fertility rate is that the fertility rate of all women below 185 percent of the FPL is close to the fertility rate for women who would have been eligible for the Waiver, enrolled, and then been participants in the baseline year. Among those women below 185 percent of the FPL, for example, the subset of women who are below 45 percent of the FPL are categorically eligible for Medicaid services, including family planning services, and could not be participants in the Waiver. To the extent that the average fertility rate is similar for women below 45 percent of the FPL and women between 45 percent and 185 percent of the FPL, we believe this assumption is reasonable. We do not have information that the education levels or wage-earning potentials, which could affect the average fertility rates, for women in these two income categories are substantially different.⁶

An assumption for the use of this baseline fertility rate over time is that the racial and ethnic composition of all women below 185 percent of the FPL will not significantly change. If the racial and ethnic composition does significantly change *and* the fertility rate significantly varies for different parts of this composition, then it may be necessary to further disaggregate the baseline fertility rate by racial and ethnic groups in addition to its current disaggregation by age groups.

Assessment of Reasonableness of the Baseline Fertility Rate

We used several resources and made several calculations to assess whether the baseline fertility rate and its components, as shown in the Tables above, are reasonable. Based on

⁵ Final Report CNA Evaluation of Medicaid Family Planning 1115 Demonstrations. Joanna Edwards, Janet Bronstein, and Kathleen Adams. November 2003.

⁶ The negative effect of higher wage-earning potential on fertility has been studied for some women in North Carolina. [Source: “Economics of the Size of North Carolina Rural Families”. Bruce Gardner. In Economics of the Family. T. W. Schultz, ed. Conference of the National Bureau of Economic Research. University of Chicago Press. 1974.]

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these resources and calculations, we confirmed that the measures are reasonable. The resources and calculations are:

1. For the baseline fertility rate, a calculation of the fertility rate using the same data sources for the year 2004
2. For the denominator, a calculation using data from the American Community Survey (ACS) data (for the year 2004).
3. As a general reference, a calculation of the fertility rate for all women in North Carolina in 2003 and a comparison to the estimated fertility rate for North Carolina by the United States Census Bureau for 2000-2003.

We briefly describe these assessments and their results below.

1. The fertility rate using the same data sources for the year 2004

The fertility rate using data for the year 2004 is similar to the baseline fertility rate using the year 2003, which was the year specified for the evaluation of the Waiver.

Table 5: Comparison of North Carolina Baseline Fertility Rates for 2003 and 2004

| Measure | Ages 19 - 24 | Ages 25 - 29 | Ages 30 - 34 | Ages 35 - 39 | Ages 40 - 55 | Ages 19 - 55 |
|-------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Baseline - 2003 Fertility Rate | 154.8 | 157.9 | 61.2 | 31.1 | 3.31 | 78.1 |
| 2004 Fertility Rate | 181.9 | 137.7 | 78.2 | 28.0 | 2.7 | 77.0 |

We observed that the fertility rates for the complete age category of 19 - 55 are similar and that the variation across age categories is not systematically different for the two years.

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2. The denominator for women below 185 percent of the FPL using data from the ACS for the year 2004

We queried the American Community Survey (ACS) data for the number of women in North Carolina under 185 percent of the FPL.⁷ The ACS data was only available at this level of detail starting in 2004.

Table 6 shows this comparison to the 2004 CPS data for North Carolina.

Table 6: Comparison of Population Data from ACS and CPS Data Sources

| Measure | Ages | Ages | Ages | Ages | Ages | Ages |
|----------------------------------------------------------------------|---------|---------|---------|---------|---------|---------|
| | 19 – 24 | 25 – 29 | 30 – 34 | 35 – 39 | 40 – 55 | 19 – 55 |
| Number of Women Below 185 percent of the FPL in NC (ACS 2004) | 155,028 | 116,869 | 113,925 | 91,181 | 241,401 | 718,404 |
| Number of Women Below 185 percent of the FPL in NC (CPS 2004) | 156,267 | 108,875 | 98,039 | 107,438 | 240,231 | 710,850 |

The ACS numbers for the population of women below 185 percent of FPL are comparable to those obtained from CPS data in 2004 for the same population.

3. The estimated fertility rate for all women in North Carolina reported by the United States Census Bureau

To validate the general method for our calculated fertility rates, we calculated the fertility rate for all women in North Carolina in 2003 and compared this to a report on estimated fertility rates in North Carolina from 2000 to 2003 that was published by the United States Census Bureau. This report compared fertility rates using CPS and the

⁷ We queried the 2004 ACS Public-Use Microdata Samples (PUMS) data to obtain the number of women below 185 percent of the FPL. We chose the following criteria to identify this data subset: Age variable, AGE: 19 – 55; SEX = 2 (females); Geography = North Carolina; Poverty index, POVPI: between 0 and 185 percent of the FPL. We also conducted the query to obtain the number of all women in North Carolina minus the selection of the poverty variable, POVPI.

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Center for Disease Control National Center for Health Statistics (NCHS) data sources.⁸ This report does not include a fertility rate for women by disaggregated age groups, nor does the complete age group range correspond to the entire age group range for the baseline fertility rate. We also compared our calculated fertility rate for all women in North Carolina in 2003 to a fertility rate that is reported by the Guttmacher Institute.⁹

We calculated the fertility rates for all women in North Carolina in 2003 using the complete age group in the U.S. Census Bureau report. For our numerator in this calculated fertility rate, we relied on a count of births to all women in North Carolina in 2003 that is published by SCHS, who had provided us with the data to calculate the count of births to women below 185 percent of the FPL as the numerator in the baseline fertility rate.¹⁰ SCHS did not provide us (nor did we request) data on all births in North Carolina in 2003.

Table 7 shows the fertility rates for all women in North Carolina from these different sources:

Table 7: Comparison of Fertility Rate for All Women in North Carolina

| Demographic Group | Age Group | Fertility Rate |
|---------------------------------------------------|-----------|-------------------------------|
| All Women in NC in 2000 (Guttmacher Institute) | 15 - 44 | 67 |
| ACS Fertility Rate 2000-2003 | 15 - 44 | 71.5 (+/- 5.3 ¹¹) |
| NCHS Fertility Rate 2000-2003 | 15 - 44 | 66.2 |
| All Women in NC in 2003 | 15 - 44 | 67.2 |

This method to calculate the fertility rate, when applied to all women in North Carolina, results in similar fertility rates to those that have been published.

⁸ U.S. Census Bureau, Indicators of Marriage and Fertility in the United States from the American Community Survey: 2000 to 2003, "Table 5. Comparison of ACS and NCHS Fertility Rates by State, 4-Year Average, 2000-2003," Accessed on July 12, 2007. Available online: <http://www.census.gov/population/www/socdemo/fertility/slideshow/table05.xls>.

⁹ Guttmacher Institute, Tablemaker, "Birthrate per 1,000 women 15-44, 2000 (U.S. and each state)," Accessed on July 29, 2007. Available online: <http://www.guttmacher.org/tablemaker>.

¹⁰ North Carolina State Center for Health Statistics, *Risk Factors and Characteristics for 2003 North Carolina Resident Live Births: All Mothers*. Accessed on July 12, 2007. Available online: <http://www.schs.state.nc.us/SCHS/births/matched/2003/all.html>.

¹¹ The +/- figure when added to or subtracted from the estimate provides the 90-percent confidence interval.

APPENDIX E
NORTH CAROLINA FAMILY PLANNING
WAIVER ANALYSIS OF PROVIDER TYPES,
BY COUNTY

North Carolina Division of Medical Assistance

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) |
|------------|----------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| ALAMANCE | 1 | | 2 | | 2 | | 1 |
| ALEXANDER | | | | | | | 1 |
| ALLEGHANY | | | | | 1 | | 1 |
| ANSON | | | | | | | 1 |
| ASHE | | | | | 1 | 1 | 1 |
| AVERY | | | | | | 1 | 1 |
| BEAUFORT | | | | | 2 | | 1 |
| BERTIE | | | | | | | 1 |
| BLADEN | | | | | | | 1 |
| BRUNSWICK | | | | | 2 | | 1 |
| BUNCOMBE | 1 | | | | 2 | | 1 |
| BURKE | 1 | | | | 1 | | 1 |
| CABARRUS | 1 | | | | 1 | | 1 |
| CALDWELL | 1 | | | | 1 | | 1 |
| CAMDEN | | | | | 1 | | 1 |
| CARTERET | | | | | 1 | 1 | 1 |
| CASWELL | | | 2 | | 1 | | 1 |
| CATAWBA | 1 | | | 1 | 1 | | 1 |
| CHATHAM | | | 2 | | 2 | | 1 |
| CHEROKEE | | | | | | | 1 |
| CHOWAN | 1 | | | | | | 1 |
| CLAY | | | | | 1 | | 1 |
| CLEVELAND | 1 | 1 | | | 1 | | 1 |
| COLUMBUS | | | | | 2 | | 1 |
| CRAVEN | 1 | | | | | | 1 |
| CUMBERLAND | 1 | 1 | 1 | | 1 | | 1 |
| CURRITUCK | | | | | 1 | | |
| DARE | | | | | 1 | | 1 |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | HOSPITALS | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY |
|------------|-----------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|
| ALAMANCE | 1 | 1 | | | | | 1 | 2 | |
| ALEXANDER | 0 | | | | | | | | |
| ALLEGHANY | 1 | | | | | | | | |
| ANSON | 1 | | | | | | | | |
| ASHE | 1 | | | | | | | 1 | |
| AVERY | 1 | | | | | | | | |
| BEAUFORT | 1 | | | 1 | | | | 1 | |
| BERTIE | 0 | | | | | | | | |
| BLADEN | 1 | | | | | | 1 | 1 | |
| BRUNSWICK | 1 | | | | | | | 1 | |
| BUNCOMBE | 1 | | | | | | 1 | 2 | |
| BURKE | 1 | | | | | | | 2 | |
| CABARRUS | 1 | | 1 | 1 | | 1 | 1 | 1 | 1 |
| CALDWELL | 1 | | | | | | | 2 | 1 |
| CAMDEN | 0 | | | | | | | | |
| CARTERET | 1 | | | | | | | 2 | |
| CASWELL | 0 | | | | | | | | |
| CATAWBA | 2 | | | 1 | | | | 2 | 1 |
| CHATHAM | 0 | | 1 | | | | | | |
| CHEROKEE | 1 | | | 1 | | | 1 | 1 | |
| CHOWAN | 1 | | | | | | 1 | 1 | |
| CLAY | 0 | | | | | | | | |
| CLEVELAND | 1 | | | | | | | 1 | |
| COLUMBUS | 1 | 1 | 2 | 1 | | | | 1 | |
| CRAVEN | 1 | | 1 | 1 | | | 1 | 1 | |
| CUMBERLAND | 1 | | 2 | 1 | | | | 2 | |
| CURRITUCK | 0 | | | | | | | | |
| DARE | 1 | | | | | | | 1 | |

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| COUNTY | PEDIATRICS | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|------------|------------|------------|------------------------------------|---------|
| ALAMANCE | | 2 | | |
| ALEXANDER | | 2 | 1 | |
| ALLEGHANY | | 2 | | |
| ANSON | | 2 | | |
| ASHE | | 2 | | |
| AVERY | | 2 | | |
| BEAUFORT | | 2 | | |
| BERTIE | | 2 | | |
| BLADEN | | 2 | 1 | |
| BRUNSWICK | | 2 | | |
| BUNCOMBE | | 3 | | 1 |
| BURKE | | 2 | | |
| CABARRUS | | 2 | | |
| CALDWELL | | 2 | | 1 |
| CAMDEN | | 1 | | |
| CARTERET | | 3 | | |
| CASWELL | | 1 | | |
| CATAWBA | | 2 | | 1 |
| CHATHAM | | 2 | | |
| CHEROKEE | | 2 | | 1 |
| CHOWAN | | 2 | | |
| CLAY | | 2 | | |
| CLEVELAND | | 2 | | 1 |
| COLUMBUS | | 2 | | |
| CRAVEN | | 2 | 1 | |
| CUMBERLAND | | 2 | | 1 |
| CURRITUCK | | 2 | | |
| DARE | | 2 | | |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) |
|-----------|----------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| DAVIDSON | 1 | | | | 1 | | 1 |
| DAVIE | | | | | | | 1 |
| DUPLIN | 1 | | 1 | | 1 | | 1 |
| DURHAM | | | | | 2 | | 1 |
| EDGECOMBE | | | | | 1 | | 1 |
| FORSYTH | 1 | | | | 2 | 1 | 1 |
| FRANKLIN | 1 | | | | 1 | | 1 |
| GASTON | | | | | 2 | | 1 |
| GATES | | | | | | | 1 |
| GRAHAM | | | | | | | 1 |
| GRANVILLE | 1 | | | | | | 1 |
| GREENE | | | 1 | | | | 1 |
| GUILFORD | 1 | | | | 1 | | 1 |
| HALIFAX | 1 | | 1 | | | | 1 |
| HARNETT | 1 | | 2 | | | | 1 |
| HAYWOOD | | | | | 1 | | 1 |
| HENDERSON | | | 1 | | 1 | | 1 |
| HERTFORD | | | | | 1 | | 1 |
| HOKE | | | | | 2 | | 1 |
| HYDE | | | | | | | 1 |
| IREDELL | 1 | | | | 1 | | 1 |
| JACKSON | | | | | 1 | | 1 |
| JOHNSTON | | | | | 2 | | 1 |
| JONES | | | | | | | 1 |
| LEE | | | | | 2 | | 1 |
| LENOIR | 1 | | 1 | | | | 1 |
| LINCOLN | | | | | | | 1 |
| MACON | | | | | 1 | 1 | 1 |

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| COUNTY | HOSPITALS | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY |
|-----------|-----------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|
| DAVIDSON | 2 | | 1 | | 1 | | | 1 | |
| DAVIE | 1 | | | | | | | | |
| DUPLIN | 1 | | | | | | 1 | 1 | |
| DURHAM | 1 | | | 1 | | | | 1 | |
| EDGECOMBE | 1 | | | 1 | | | | 2 | |
| FORSYTH | 1 | 1 | | 1 | | | 1 | 2 | 1 |
| FRANKLIN | 1 | | | | | | 1 | | |
| GASTON | 1 | | 1 | | | | 1 | 1 | |
| GATES | 0 | | | | | | | | |
| GRAHAM | 0 | | | | | | | | |
| GRANVILLE | 1 | | | | | | | 1 | |
| GREENE | 0 | | | | | | | | |
| GUILFORD | 1 | 1 | | 1 | | | 1 | 2 | 2 |
| HALIFAX | 1 | | | | | | 1 | 2 | |
| HARNETT | 0 | | 1 | | | | | 2 | |
| HAYWOOD | 1 | | | | | | | 1 | 1 |
| HENDERSON | 1 | | 1 | | | | | 2 | |
| HERTFORD | 0 | | | | | | | 1 | |
| HOKE | 0 | | | | | | | | |
| HYDE | 0 | | | | | | | | |
| IREDELL | 1 | | | 1 | | | 1 | 2 | |
| JACKSON | 1 | | 1 | | | | | 1 | |
| JOHNSTON | 1 | | | | | | | 1 | |
| JONES | 0 | | | 1 | | | | | |
| LEE | 0 | | 1 | | | | | 2 | |
| LENOIR | 1 | | 1 | 1 | | | 1 | 2 | 1 |
| LINCOLN | 1 | | | | | | | 2 | |
| MACON | 1 | | | | | | | | 1 |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | PEDIATRICS | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|-----------|------------|------------|------------------------------------|---------|
| DAVIDSON | | 2 | | |
| DAVIE | | 2 | | |
| DUPLIN | | 2 | 1 | |
| DURHAM | 1 | 3 | | |
| EDGECOMBE | | 2 | 1 | |
| FORSYTH | 1 | 3 | | |
| FRANKLIN | | 2 | | 1 |
| GASTON | | 2 | | |
| GATES | | 1 | | |
| GRAHAM | | 2 | | |
| GRANVILLE | | 2 | | |
| GREENE | | 2 | | |
| GUILFORD | | 2 | | 1 |
| HALIFAX | | 2 | | |
| HARNETT | | 2 | | |
| HAYWOOD | 1 | 2 | | |
| HENDERSON | | 2 | | |
| HERTFORD | | 2 | | |
| HOKE | | 2 | 1 | |
| HYDE | | 0 | | |
| IREDELL | | 2 | | |
| JACKSON | | 2 | | 1 |
| JOHNSTON | | 2 | 1 | |
| JONES | | 1 | | |
| LEE | | 2 | | |
| LENOIR | | 2 | | |
| LINCOLN | | 2 | | |
| MACON | | 2 | | |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) |
|-------------|----------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| MADISON | | | | | | | 1 |
| MARTIN | | | | | | | 1 |
| MCDOWELL | | | | | 1 | | 1 |
| MECKLENBURG | 1 | | 1 | | 2 | | 1 |
| MITCHELL | | | | | | | 1 |
| MONTGOMERY | | | | | 1 | | 1 |
| MOORE | 1 | | | | 2 | | 1 |
| NASH | 1 | | | | 1 | | 1 |
| NEW HANOVER | 1 | | 2 | | 1 | | 1 |
| NORTHAMPTON | | | 1 | | | | 1 |
| ONSLOW | 1 | 1 | | | 2 | 1 | 1 |
| ORANGE | | | 2 | | | | 1 |
| PAMLICO | | | | | | | |
| PASQUOTANK | | | | | 1 | | 1 |
| PENDER | | | | | 1 | | 1 |
| PERQUIMANS | | | | | 1 | | 1 |
| PERSON | | | | | | | 1 |
| PITT | | | | | 1 | | 1 |
| POLK | | | | | | | 1 |
| RANDOLPH | 1 | | | | 1 | 1 | 1 |
| RICHMOND | 1 | | | | 1 | | 1 |
| ROBESON | 1 | | 1 | | | | 1 |
| ROCKINGHAM | 2 | | | | 1 | | 1 |
| ROWAN | | | | | 1 | | 1 |
| RUTHERFORD | | | | | 1 | | 1 |
| SAMPSON | 1 | | 1 | | | | 1 |
| SCOTLAND | | | | | | | 1 |
| STANLY | 2 | | | | | | 1 |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | HOSPITALS | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY |
|-------------|-----------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|
| MADISON | 0 | | | | | | | | |
| MARTIN | 1 | | | | | 1 | | 1 | |
| MCDOWELL | 1 | | | | | | 1 | 1 | |
| MECKLENBURG | 3 | 1 | 2 | 1 | | | | 2 | |
| MITCHELL | 1 | | | 1 | | | 1 | | |
| MONTGOMERY | 0 | | | | | | | | |
| MOORE | 0 | | | | | | | 2 | |
| NASH | 1 | 1 | | 1 | | | 1 | 1 | |
| NEW HANOVER | 1 | | 1 | | | | 1 | 1 | 1 |
| NORTHAMPTON | 0 | | | | | | | | |
| ONSLOW | 0 | | | | | | 1 | 2 | |
| ORANGE | 1 | | | 1 | | 1 | | 1 | |
| PAMLICO | 0 | | | | | | | | |
| PASQUOTANK | 1 | | | | | | | 2 | |
| PENDER | 1 | | | | | | | | |
| PERQUIMANS | 0 | | | | | | | | |
| PERSON | 0 | | | | | | | 1 | |
| PITT | 1 | | 1 | 2 | | | | 1 | 1 |
| POLK | 0 | | | | | | 1 | | |
| RANDOLPH | 1 | | 1 | | | | 1 | 1 | |
| RICHMOND | 1 | | | | | | 1 | 2 | |
| ROBESON | 1 | | | | | | 1 | 1 | |
| ROCKINGHAM | 1 | | | | | | 1 | 2 | |
| ROWAN | 0 | | | | | | 1 | 1 | 1 |
| RUTHERFORD | 0 | | | | | 1 | | 1 | |
| SAMPSON | 1 | | 1 | 1 | | | 2 | 1 | |
| SCOTLAND | 0 | | | | | | | 1 | |
| STANLY | 1 | | | | | | 1 | 1 | |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | PEDIATRICS | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|-------------|------------|------------|------------------------------------|---------|
| MADISON | | 2 | | |
| MARTIN | | 2 | | |
| MCDOWELL | | 2 | | |
| MECKLENBURG | | 3 | | |
| MITCHELL | | 2 | | |
| MONTGOMERY | | 2 | | |
| MOORE | | 2 | | |
| NASH | | 2 | | 1 |
| NEW HANOVER | | 2 | | 1 |
| NORTHAMPTON | | 1 | | |
| ONslow | | 2 | | |
| ORANGE | | 2 | | |
| PAMLICO | | 2 | | |
| PASQUOTANK | | 2 | | |
| PENDER | | 2 | | |
| PERQUIMANS | | 1 | | |
| PERSON | | 1 | | |
| PITT | 1 | 2 | | 1 |
| POLK | | 2 | | |
| RANDOLPH | | 2 | 1 | |
| RICHMOND | 1 | 2 | | |
| ROBESON | | 2 | 1 | 1 |
| ROCKINGHAM | | 2 | | 1 |
| ROWAN | 1 | 2 | | 1 |
| RUTHERFORD | | 2 | | 1 |
| SAMPSON | | 2 | | |
| SCOTLAND | 1 | 2 | | |
| STANLY | | 2 | | |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) |
|--------------------------|----------------|------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|
| STOKES | | | | | 1 | | 1 |
| SURRY | 1 | | | | 1 | | 1 |
| SWAIN | | | | | | | |
| TRANSYLVANIA | | | | | | | 1 |
| TYRRELL | | | | | | | 1 |
| UNION | | | | | 1 | | 1 |
| VANCE | 1 | | | | 1 | | 1 |
| WAKE | 1 | | 1 | | 2 | | 1 |
| WARREN | | | | | | | 1 |
| WASHINGTON | | | | | | | 1 |
| WATAUGA | 1 | | | | | 1 | 1 |
| WAYNE | | | 1 | | 2 | | 1 |
| WILKES | | | | | | | 1 |
| WILSON | | | | | 1 | | 1 |
| YADKIN | | | | | 1 | | 1 |
| YANCEY | | | | | 1 | | 1 |
| OUT-OF-STATE <= 40 MILES | | 1 | | | 1 | | |
| OUT-OF-STATE > 40 MILES | | | | | | | |
| TOTAL | 37 | 4 | 24 | 1 | 80 | 8 | 97 |

North Carolina Division of Medical Assistance

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | HOSPITALS | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY |
|--------------------------|-----------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|
| STOKES | 0 | | | | | | | | |
| SURRY | 1 | | 1 | | | | 1 | 1 | |
| SWAIN | 1 | | | | | | | | |
| TRANSYLVANIA | 0 | | | | | | | 2 | |
| TYRRELL | 0 | | | | | | | | |
| UNION | 1 | | | | | | | 2 | |
| VANCE | 1 | | | | | | | 1 | |
| WAKE | 3 | 1 | 1 | 1 | | | 1 | 2 | |
| WARREN | 0 | | | | | | | | |
| WASHINGTON | 0 | | | | | | | | |
| WATAUGA | 1 | | | | | | | 2 | |
| WAYNE | 1 | | | | | | 1 | 1 | |
| WILKES | 1 | | | 1 | | | | 1 | |
| WILSON | 1 | | | 1 | | | | 1 | |
| YADKIN | 1 | | | | | | | | |
| YANCEY | 1 | | | | | | | | |
| OUT-OF-STATE <= 40 MILES | 1 | 1 | | | | | | 2 | 1 |
| OUT-OF-STATE > 40 MILES | 0 | 1 | | | | | | | |
| TOTAL | 73 | 9 | 22 | 24 | 1 | 4 | 32 | 95 | 13 |

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Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year One Participants, by County

| COUNTY | PEDIATRICS | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|--------------------------|------------|------------|------------------------------------|---------|
| STOKES | | 2 | | |
| SURRY | | 3 | | 1 |
| SWAIN | | 2 | | |
| TRANSYLVANIA | | 1 | | |
| TYRRELL | | 1 | | |
| UNION | | 2 | | 1 |
| VANCE | | 2 | 1 | 1 |
| WAKE | 1 | 3 | | |
| WARREN | | 2 | | |
| WASHINGTON | | 2 | | |
| WATAUGA | | 2 | | |
| WAYNE | 1 | 2 | | 1 |
| WILKES | | 2 | | |
| WILSON | | 2 | | |
| YADKIN | | 2 | | |
| YANCEY | | 2 | | |
| OUT-OF-STATE <= 40 MILES | | 3 | | |
| OUT-OF-STATE > 40 MILES | | 0 | | |
| TOTAL | 9 | 196 | 10 | 20 |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) | HOSPITALS |
|------------|----------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------|
| ALAMANCE | 1 | | 7 | | 7 | | 83 | 2 |
| ALEXANDER | | | | | | | 5 | 0 |
| ALLEGHANY | | | | | 1 | | 4 | 1 |
| ANSON | | | | | | | 36 | 1 |
| ASHE | | | | | 2 | 2 | 9 | 1 |
| AVERY | | | | | | 3 | 35 | 1 |
| BEAUFORT | | | | | 3 | | 59 | 13 |
| BERTIE | | | | | | | 50 | 0 |
| BLADEN | | | | | | | 48 | 6 |
| BRUNSWICK | | | | | 4 | | 48 | 5 |
| BUNCOMBE | 2 | | | | 6 | | 225 | 23 |
| BURKE | 1 | | | | 2 | | 156 | 2 |
| CABARRUS | 2 | | | | 17 | | 55 | 6 |
| CALDWELL | 2 | | | | 10 | | 50 | 5 |
| CAMDEN | | | | | 8 | | 11 | 0 |
| CARTERET | | | | | 4 | 3 | 154 | 9 |
| CASWELL | | | 11 | | 1 | | 31 | 0 |
| CATAWBA | 4 | | | 3 | 7 | | 453 | 7 |
| CHATHAM | | | 12 | | 8 | | 10 | 0 |
| CHEROKEE | | | | | | | 3 | 5 |
| CHOWAN | 2 | | | | | | 25 | 2 |
| CLAY | | | | | 1 | | 1 | 0 |
| CLEVELAND | 7 | 2 | | | 2 | | 270 | 8 |
| COLUMBUS | | | | | 11 | | 60 | 12 |
| CRAVEN | 3 | | | | | | 68 | 1 |
| CUMBERLAND | 5 | 4 | 1 | | 7 | | 29 | 65 |
| CURRITUCK | | | | | 3 | | | 0 |
| DARE | | | | | 9 | | 18 | 2 |
| DAVIDSON | 3 | | | | 11 | | 46 | 5 |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY | PEDIATRICS |
|------------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|------------|
| ALAMANCE | 256 | | | | | 1 | 14 | | |
| ALEXANDER | | | | | | | | | |
| ALLEGHANY | | | | | | | | | |
| ANSON | | | | | | | | | |
| ASHE | | | | | | | 1 | | |
| AVERY | | | | | | | | | |
| BEAUFORT | | | 12 | | | | 18 | | |
| BERTIE | | | | | | | | | |
| BLADEN | | | | | | 3 | 18 | | |
| BRUNSWICK | | | | | | | 35 | | |
| BUNCOMBE | | | | | | 12 | 74 | | |
| BURKE | | | | | | | 48 | | |
| CABARRUS | | 3 | 1 | | 3 | 2 | 54 | 4 | |
| CALDWELL | | | | | | | 37 | 1 | |
| CAMDEN | | | | | | | | | |
| CARTERET | | | | | | | 111 | | |
| CASWELL | | | | | | | | | |
| CATAWBA | | | 6 | | | | 36 | 554 | |
| CHATHAM | | 2 | | | | | | | |
| CHEROKEE | | | 1 | | | 3 | 2 | | |
| CHOWAN | | | | | | 2 | 28 | | |
| CLAY | | | | | | | | | |
| CLEVELAND | | | | | | | 25 | | |
| COLUMBUS | 2 | 12 | 1 | | | | 25 | | |
| CRAVEN | | 5 | 3 | | | 1 | 28 | | |
| CUMBERLAND | | 8 | 5 | | | | 275 | | |
| CURRITUCK | | | | | | | | | |
| DARE | | | | | | | 8 | | |
| DAVIDSON | | 3 | | 3 | | | 71 | | |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|------------|------------|------------------------------------|---------|
| ALAMANCE | 127 | | |
| ALEXANDER | 78 | 1 | |
| ALLEGHANY | 10 | | |
| ANSON | 92 | | |
| ASHE | 31 | | |
| AVERY | 47 | | |
| BEAUFORT | 192 | | |
| BERTIE | 23 | | |
| BLADEN | 178 | 31 | |
| BRUNSWICK | 286 | | |
| BUNCOMBE | 297 | | 2 |
| BURKE | 194 | | |
| CABARRUS | 220 | | |
| CALDWELL | 200 | | 3 |
| CAMDEN | 23 | | |
| CARTERET | 287 | | |
| CASWELL | 51 | | |
| CATAWBA | 750 | | 2 |
| CHATHAM | 73 | | |
| CHEROKEE | 45 | | 1 |
| CHOWAN | 77 | | |
| CLAY | 22 | | |
| CLEVELAND | 305 | | 6 |
| COLUMBUS | 218 | | |
| CRAVEN | 107 | 14 | |
| CUMBERLAND | 654 | | 4 |
| CURRITUCK | 24 | | |
| DARE | 74 | | |
| DAVIDSON | 267 | | |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) | HOSPITALS |
|-----------|----------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------|
| DAVIE | | | | | | | 49 | 1 |
| DUPLIN | 2 | | 21 | | 1 | | 31 | 5 |
| DURHAM | | | | | 6 | | 27 | 8 |
| EDGECOMBE | | | | | 9 | | 83 | 3 |
| FORSYTH | 3 | | | | 47 | 9 | 92 | 43 |
| FRANKLIN | 1 | | | | 2 | | 82 | 2 |
| GASTON | | | | | 38 | | 680 | 31 |
| GATES | | | | | | | 5 | 0 |
| GRAHAM | | | | | | | 3 | 0 |
| GRANVILLE | 2 | | | | | | 45 | 2 |
| GREENE | | | 3 | | | | 26 | 0 |
| GUILFORD | 7 | | | | 13 | | 322 | 11 |
| HALIFAX | 1 | | 4 | | | | 89 | 6 |
| HARNETT | 1 | | 11 | | | | 19 | 0 |
| HAYWOOD | | | | | 3 | | 166 | 1 |
| HENDERSON | | | 3 | | 4 | | 20 | 4 |
| HERTFORD | | | | | 2 | | 7 | 0 |
| HOKE | | | | | 8 | | 18 | 0 |
| HYDE | | | | | | | 5 | 0 |
| IREDELL | 3 | | | | 13 | | 31 | 5 |
| JACKSON | | | | | 3 | | 5 | 3 |
| JOHNSTON | | | | | 28 | | 81 | 9 |
| JONES | | | | | | | 1 | 0 |
| LEE | | | | | 24 | | 23 | 0 |
| LENOIR | 1 | | 3 | | | | 52 | 4 |
| LINCOLN | | | | | | | 5 | 2 |
| MACON | | | | | 2 | 3 | 52 | 7 |
| MADISON | | | | | | | 5 | 0 |
| MARTIN | | | | | | | 16 | 2 |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY | PEDIATRICS |
|-----------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|------------|
| DAVIE | | | | | | | | | |
| DUPLIN | | | | | | 2 | 24 | | |
| DURHAM | | | 18 | | | | 10 | | 4 |
| EDGEcombe | | | 1 | | | | 10 | | |
| FORSYTH | 12 | | 8 | | | 1 | 75 | 2 | 1 |
| FRANKLIN | | | | | | 4 | | | |
| GASTON | | 2 | | | | 11 | 24 | | |
| GATES | | | | | | | | | |
| GRAHAM | | | | | | | | | |
| GRANVILLE | | | | | | | 74 | | |
| GREENE | | | | | | | | | |
| GUILFORD | 168 | | 6 | | | 6 | 144 | 30 | |
| HALIFAX | | | | | | 5 | 73 | | |
| HARNETT | | 2 | | | | | 28 | | |
| HAYWOOD | | | | | | | 11 | 29 | 1 |
| HENDERSON | | 1 | | | | | 10 | | |
| HERTFORD | | | | | | | 9 | | |
| HOKE | | | | | | | | | |
| HYDE | | | | | | | | | |
| IREDELL | | | 15 | | | 3 | 85 | | |
| JACKSON | | 4 | | | | | 6 | | |
| JOHNSTON | | | | | | | 69 | | |
| JONES | | | 3 | | | | | | |
| LEE | | 1 | | | | | 40 | | |
| LENOIR | | 7 | 1 | | | 4 | 25 | 1 | |
| LINCOLN | | | | | | | 54 | | |
| MACON | | | | | | | | 3 | |
| MADISON | | | | | | | | | |
| MARTIN | | | | | 8 | | 6 | | |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|-----------|------------|------------------------------------|---------|
| DAVIE | 102 | | |
| DUPLIN | 89 | 1 | |
| DURHAM | 319 | | |
| EDGEcombe | 161 | 1 | |
| FORSYTH | 693 | | |
| FRANKLIN | 130 | | 1 |
| GASTON | 467 | | |
| GATES | 46 | | |
| GRAHAM | 15 | | |
| GRANVILLE | 109 | | |
| GREENE | 15 | | |
| GUILFORD | 714 | | 7 |
| HALIFAX | 241 | | |
| HARNETT | 141 | | |
| HAYWOOD | 136 | | |
| HENDERSON | 92 | | |
| HERTFORD | 120 | | |
| HOKE | 87 | 5 | |
| HYDE | 0 | | |
| IREDELL | 377 | | |
| JACKSON | 50 | | 3 |
| JOHNSTON | 427 | 2 | |
| JONES | 2 | | |
| LEE | 149 | | |
| LENOIR | 251 | | |
| LINCOLN | 136 | | |
| MACON | 93 | | |
| MADISON | 25 | | |
| MARTIN | 40 | | |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) | HOSPITALS |
|-------------|----------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------|
| MCDOWELL | | | | | 3 | | 119 | 1 |
| MECKLENBURG | 9 | | 20 | | 19 | | 49 | 85 |
| MITCHELL | | | | | | | 1 | 2 |
| MONTGOMERY | | | | | 2 | | 15 | 0 |
| MOORE | 1 | | | | 5 | | 20 | 0 |
| NASH | 4 | | | | 11 | | 44 | 8 |
| NEW HANOVER | 5 | | 10 | | 70 | | 52 | 53 |
| NORTHAMPTON | | | 1 | | | | 26 | 0 |
| ONSLOW | 5 | 6 | | | 2 | 2 | 84 | 0 |
| ORANGE | | | 14 | | | | 4 | 3 |
| PAMLICO | | | | | | | | 0 |
| PASQUOTANK | | | | | 4 | | 90 | 1 |
| PENDER | | | | | 2 | | 34 | 1 |
| PERQUIMANS | | | | | 3 | | 12 | 0 |
| PERSON | | | | | | | 27 | 0 |
| PITT | | | | | 30 | | 63 | 7 |
| POLK | | | | | | | 11 | 0 |
| RANDOLPH | 1 | | | | 10 | 1 | 53 | 2 |
| RICHMOND | 2 | | | | 2 | | 19 | 4 |
| ROBESON | 5 | | 45 | | | | 57 | 10 |
| ROCKINGHAM | 2 | | | | 6 | | 58 | 2 |
| ROWAN | | | | | 13 | | 29 | 0 |
| RUTHERFORD | | | | | 3 | | 34 | 0 |
| SAMPSON | 2 | | 5 | | | | 87 | 2 |
| SCOTLAND | | | | | | | 60 | 0 |
| STANLY | 5 | | | | | | 26 | 8 |
| STOKES | | | | | 1 | | 20 | 0 |
| SURRY | 2 | | | | 3 | | 50 | 7 |
| SWAIN | | | | | | | | 2 |

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY | PEDIATRICS |
|-------------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|------------|
| MCDOWELL | | | | | | 1 | 6 | | |
| MECKLENBURG | 53 | 14 | 4 | | | | 37 | | |
| MITCHELL | | | 4 | | | 1 | | | |
| MONTGOMERY | | | | | | | | | |
| MOORE | | | | | | | 21 | | |
| NASH | 1 | | 5 | | | 4 | 27 | | |
| NEW HANOVER | | 6 | | | | 6 | 20 | 108 | |
| NORTHAMPTON | | | | | | | | | |
| ONSLOW | | | | | | 6 | 83 | | |
| ORANGE | | | 17 | | 1 | | 10 | | |
| PAMLICO | | | | | | | | | |
| PASQUOTANK | | | | | | | 36 | | |
| PENDER | | | | | | | | | |
| PERQUIMANS | | | | | | | | | |
| PERSON | | | | | | | 4 | | |
| PITT | | 1 | 44 | | | | 3 | 66 | 2 |
| POLK | | | | | | 2 | | | |
| RANDOLPH | | 3 | | | | 1 | 20 | | |
| RICHMOND | | | | | | 1 | 83 | | 1 |
| ROBESON | | | | | | 1 | 84 | | |
| ROCKINGHAM | | | | | | 1 | 77 | | |
| ROWAN | | | | | | 7 | 1 | 4 | 2 |
| RUTHERFORD | | | | | 7 | | 1 | | |
| SAMPSON | | 1 | 10 | | | 5 | 19 | | |
| SCOTLAND | | | | | | | 12 | | 1 |
| STANLY | | | | | | 5 | 93 | | |
| STOKES | | | | | | | | | |
| SURRY | | 1 | | | | 4 | 32 | | |
| SWAIN | | | | | | | | | |

North Carolina Division of Medical Assistance

Family Planning Waiver

Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|-------------|------------|------------------------------------|---------|
| MCDOWELL | 116 | | |
| MECKLENBURG | 820 | | |
| MITCHELL | 45 | | |
| MONTGOMERY | 92 | | |
| MOORE | 104 | | |
| NASH | 235 | | 6 |
| NEW HANOVER | 589 | | 5 |
| NORTHAMPTON | 16 | | |
| ONSLOW | 206 | | |
| ORANGE | 45 | | |
| PAMLICO | 8 | | |
| PASQUOTANK | 210 | | |
| PENDER | 103 | | |
| PERQUIMANS | 37 | | |
| PERSON | 27 | | |
| PITT | 294 | | 4 |
| POLK | 21 | | |
| RANDOLPH | 270 | 1 | |
| RICHMOND | 185 | | |
| ROBESON | 491 | 8 | 2 |
| ROCKINGHAM | 298 | | 4 |
| ROWAN | 186 | | 2 |
| RUTHERFORD | 79 | | 1 |
| SAMPSON | 294 | | |
| SCOTLAND | 87 | | |
| STANLY | 150 | | |
| STOKES | 50 | | |
| SURRY | 161 | | 1 |
| SWAIN | 5 | | |

North Carolina Division of Medical Assistance

Family Planning Waiver

Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | ANESTHESIOLOGY | CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER | FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) | FULL-TIME EMERGENCY ROOM PHYSICIAN | GENERAL FAMILY PRACTICE | GENERAL THORACIC SURGERY, PROCTOLOGY | HEALTH DEPARTMENT DEVELOPMENTAL EVALUATION CENTER (DEC) | HOSPITALS |
|-----------------------------|----------------|---------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|-----------|
| TRANSYLVANIA | | | | | | | 2 | 0 |
| TYRRELL | | | | | | | 18 | 0 |
| UNION | | | | | 19 | | 90 | 35 |
| VANCE | 7 | | | | 7 | | 45 | 3 |
| WAKE | 9 | | 4 | | 18 | | 569 | 19 |
| WARREN | | | | | | | 2 | 0 |
| WASHINGTON | | | | | | | 49 | 0 |
| WATAUGA | 1 | | | | | 2 | 1 | 1 |
| WAYNE | | | 2 | | 8 | | 185 | 10 |
| WILKES | | | | | | | 12 | 6 |
| WILSON | | | | | 2 | | 56 | 41 |
| YADKIN | | | | | 2 | | 16 | 1 |
| YANCEY | | | | | 8 | | 29 | 1 |
| OUT-OF-STATE <= 40 MILES | | 1 | | | 1 | | | 3 |
| OUT-OF-STATE > 40 MILES | | | | | | | | 0 |
| TOTAL | 113 | 13 | 177 | 3 | 581 | 25 | 6,300 | 649 |

North Carolina Division of Medical Assistance

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | INDEPENDENT LABORATORY | INTERNAL MEDICINE | MULTI- SPECIALTY | NEUROLOGY | NURSE MIDWIFE | NURSE PRACTITIONER OR CRNA | OBSTETRICS GYNECOLOGY | PATHOLOGY | PEDIATRICS |
|-----------------------------|---------------------------|----------------------|---------------------|-----------|------------------|----------------------------------|--------------------------|-----------|------------|
| TRANSYLVANIA | | | | | | | 6 | | |
| TYRRELL | | | | | | | | | |
| UNION | | | | | | | 3 | | |
| VANCE | | | | | | | 8 | | |
| WAKE | 3 | 6 | 7 | | | 10 | 84 | | 20 |
| WARREN | | | | | | | | | |
| WASHINGTON | | | | | | | | | |
| WATAUGA | | | | | | | 10 | | |
| WAYNE | | | | | | 3 | 9 | | 5 |
| WILKES | | | 1 | | | | 43 | | |
| WILSON | | | 1 | | | | 144 | | |
| YADKIN | | | | | | | | | |
| YANCEY | | | | | | | | | |
| OUT-OF-STATE <= 40 MILES | 44 | | | | | | 11 | 7 | |
| OUT-OF-STATE > 40 MILES | 1 | | | | | | | | |
| TOTAL | 540 | 82 | 174 | 3 | 19 | 118 | 2,672 | 809 | 37 |

North Carolina Division of Medical Assistance

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Appendix E.2: Count of Waiver Year One Participant Visits by Provider Specialty, by County

| COUNTY | PHARMACIES | RURAL HEALTH CLINIC (RHC) | UROLOGY |
|-----------------------------|------------|------------------------------------|---------|
| TRANSYLVANIA | 17 | | |
| TYRRELL | 12 | | |
| UNION | 175 | | 2 |
| VANCE | 167 | 20 | 2 |
| WAKE | 1,070 | | |
| WARREN | 29 | | |
| WASHINGTON | 34 | | |
| WATAUGA | 46 | | |
| WAYNE | 236 | | 6 |
| WILKES | 89 | | |
| WILSON | 161 | | |
| YADKIN | 52 | | |
| YANCEY | 65 | | |
| OUT-OF-STATE <= 40 MILES | 64 | | |
| OUT-OF-STATE > 40 MILES | 0 | | |
| TOTAL | 17,620 | 84 | 64 |